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The Care of the Diabetic

As Carried Out at the New England Deaconess Hospital

WINIFRED MOORES, R.N.

DIABETES MELLITUS is a disease in which the normal utilization of carbohydrate is impaired owing to a deficiency in the secretion from certain cells in the pancreas, the "islands of Langerhans." These groups of cells manufacture insulin which is discharged into the blood. Insulin, as we use it, is this secretion which has been isolated from the pancreas of animals. It supplements the secretion from the pancreatic cells, thus enabling the patient to use more carbohydrate. At the same time it gives his overworked pancreas a rest.

Outline of Treatment

RESTRICTION of diet, especially the carbohydrate, is still necessary. One unit of insulin probably allows the patient to use one to two grams of additional carbohydrate. If too much carbohydrate is given in the diet, in proportion to the dose of insulin, the sugar not taken care of by the body is secreted in the urine. On the other hand, if too much insulin is given in proportion to the diet, the blood sugar falls below the normal of 0.1 per cent. When the blood sugar drops to 0.06, an insulin reaction or hypoglycemic shock ensues. The protein and fat in the diet must also be taken into consideration, for in severe cases of diabetes 58 per cent of the protein changes to sugar and 10 per cent of the fat may change to sugar. An excess of fat in the diet which is not metabolized is the cause of diabetic coma.

Etiology

THE predisposing factors in diabetes are said to be:

1. Excessive use of carbohydrate foods in the diet.
2. Obesity.
3. Heredity.
4. Race (more common in Jews than in Gentiles).
5. Sex (more common in women than in men, especially after the age of forty).

The general symptoms are frequent micturition, increased thirst, loss of weight, general pruritus, which may be very persistent, and general malaise.

Hospital Management

TREATMENT, consisting of diet, insulin, exercise, and general hygiene, is so largely a matter of teaching that at the New England Deaconess Hospital classes are held bi-weekly

where every patient or some member of his family is taught diabetic care. The classes are taught by the supervisor in charge of the diabetic floor. These are held in the classroom where there is ample blackboard space for the teaching of diet. There is a large food chart. Artificial foods are used in the illustrations of typical diets.

These artificial foods are most realistic in appearance and have been found to be a definite financial asset to the hospital. Patients are also taught to test urine for sugar and the method of administering insulin. These classes are supplementary to classes presided over by Dr. Joslin or his assistants. The classes are quite informal, and the interest manifested by the individual patients is evidenced by their numerous questions.

Routine of Admitting Diabetic Patients

EVERY diabetic patient admitted to the hospital has his urine tested for sugar and diacetic acid by the student nurses on the floor, and a specimen is sent to the laboratory for complete analysis. Benedict's test is used. Place 5 c.c. (An ordinary teaspoon holds about 5 c.c.) of Benedict's solution in a clean test tube, add 8 drops, not more, of urine to be examined, shake the tube to mix the urine and the solution, then place in boiling water and allow to boil 5 minutes. If the solution remains clear, the urine is sugar-free: if one can read print through the solution showing a green shade, the percentage of sugar is so slight it can be disregarded: if a heavy greenish precipitate forms, it usually means there is a trace or more; the appearance of a yellow sediment means the presence of approximately 1.0 per cent sugar in the urine and an orange or red sediment means 2.0 per cent or more.

Administration of Insulin

THE administration is assigned to a student nurse for a period of two weeks. The number of patients to whom it is given daily averages thirty. Every diabetic should know how to give himself insulin, for even if he does not require it while in the hospital, he may need the knowledge at some future time.

Method of Preparation

Sterilization.—Wash the hands well with soap and water. Wrap the cylinder and the piston of the syringe separately in pieces of cotton cloth or gauze, cover them and the wired needle (a 25-gauge and 7/8-of-an-inch-long one we find the most satisfactory) with cold water, heat to boiling and boil for three minutes. Pour off the water, being careful not to touch anything in the dish, and allow to cool.

Loading.—Take the piston and insert it into the barrel, being careful not to touch the surface of the piston, which enters the barrel, and thus contaminate it. Draw out the piston so that the syringe contains a little more air than the amount of insulin needed. Wipe off the top of the insulin bottle with medicated alcohol. Push the needle through the rubber cap until the point is first seen, invert the bottle, force the air from the syringe into the bottle and then withdraw as much insulin as is desired. By holding the syringe and needle point upward any air is easily expelled from the syringe before withdrawing it from the bottle.

Measuring.—The syringe used is a 1 c.c. Luer, marked off into tenths. The dose is measured in units. Insulin comes in different strengths U 10, U 20, U 40, etc. The U 10 means that there are 10 units in 1 c.c. of solution, or 1 unit to each space on the

scale, so that for the patient taking 5 units one would measure up to 2½ spaces on the syringe. The same way with the U 40. There are 40 units to the c.c., or 4 units to each space: 5 units would thus measure 1¼ spaces.

Injecting.—The best places are those where the skin is loose, preferably the arms and thighs. It is very necessary to change the place of injection with every dose for one month. A good plan is to visualize four straight lines 1 to 1½ inches apart, and begin with the left outer side of the thigh on Monday, the right on Tuesday, the left arm on Wednesday, the right arm on Thursday, the left thigh on Friday (a little farther down) and so on, going down and moving in, each day. This prevents atrophy of the muscle and leaves no hard spots, and the patient absorbs the full value of the insulin. Having decided on the spot for the injection, wipe it off with a pledget of sterile cotton dipped in alcohol. Pinch up a fold of the skin between the thumb and forefinger and, with the syringe held parallel to the skin at an angle of 45 degrees, push the needle quickly into the fold, almost to the butt. Force the insulin out of the syringe while withdrawing the needle so that all the insulin is not left in the same spot. Withdraw the needle quickly and rub the spot with clean cotton until the insulin has been absorbed.

Diabetic Coma.—The prevention of coma is taught in the class, and the following written instructions of Dr. Joslin are given to each patient:

A. Never omit insulin unless the urine is sugar-free.

B. If you feel sick, especially if you have *fever*, nausea and *vomiting* or severe pains in the abdomen:

1. Go to bed.
2. Call a doctor.
3. Take a cup of tea, coffee, cocoa shells or broth every hour. Omit at least one-half your diet, and instead take orange juice or oatmeal gruel. If the urine contains sugar, take insulin every hour under your doctor's direction.
4. Get someone, a relative, a friend or nurse, to devote her entire time to you until you are well.
5. Move the bowels with an enema.

C. Boil a quart of water to have ready for your physician in case he thinks it necessary to give salt solution under the skin.

When it is learned that a patient in diabetic coma is on the way to the hospital, a warm bed is made ready with two bath blankets (extra woolen ones at hand), and at least four hot-water bottles. A catheter tray, an enema tray, a gastric lavage tray, a subpectoral tray, and an insulin tray are all ready at the bedside for instant use if required. The promptness with which the nurse carries out the treatments and orders may mean the saving of the patient's life.

Insulin Shock.—The signs and treatment of an insulin shock are also both taught to the patient in class and given to him in writing.

The following symptoms may occur from one to eight hours after taking insulin, and are due to:

1. Too much insulin.
2. Too long a period between insulin and food.
3. Food given has been unabsorbed because of indigestion, vomiting or diarrhea.
4. Unusual exercise.

Symptoms:

1. Trembling, weakness.
2. Pallor, faintness (take the juice of an orange or a lump of sugar or, with little children, give injection of Karo syrup or glucose.
3. Headache, double vision, nervousness.
4. Sweating.
5. Unconsciousness. If necessary, give 0.5 c.c. adrenalin chloride, 1:1000 solution, hypodermically, and repeat in 15 minutes. With return to consciousness, as soon as possible give the juice of an orange by mouth. Ten per cent glucose solution may be given by rectum, under the skin, or intravenously if a doctor so directs.

A glucose box ready for an emergency is kept in a definite place in the ward. It contains a bottle of iodine, a bottle of alcohol, a tourniquet, a jar of sterile gauze, a sterile 20 c.c. syringe and wired needle, 2 ampules of glucose, a sterile 2 c.c. syringe and wired needle, 6 ampules of adrenalin chloride.

Care of the Teeth.—Because of the fact that diabetic patients are so extremely susceptible to infection, special attention is paid to their teeth. This is carried out by the dental hygienist on duty at the hospital who examines thoroughly the teeth of every diabetic patient and suggests the necessary tooth treatment.

Vitally important is the care of the skin and feet. Dr. Joslin says that these patients should keep their feet as clean as their faces! Due to impaired circulation, the slightest abrasion of the skin if not properly cared for may lead to gangrene.

Care of the Feet.—A foot room in charge of a graduate nurse, with two full-time student nurse assistants, is maintained in connection with the diabetic floor. Here, every diabetic patient has demonstrated to him the care of his feet. A staff chiropodist spends two mornings each week in the removal of corns, callosities, etc. Written instructions are again given to the patient.

Hygiene of the Feet.[1]

1. Wash feet daily with soap and water. Dry thoroughly, especially between toes, using pressure rather than vigorous rubbing.

2. When thoroughly dry, rub well with hydrous lanolin as often as necessary to keep skin soft, supple, and free from scales and dryness, but never render the feet tender.

3. If the feet become too soft, rub once a day with alcohol.

4. If nails are brittle and dry, soften by soaking in warm water, one-half hour each night; apply lanolin generously under and about nails and bandage loosely. Clean nails with orange wood sticks. Cut the nails only in a good light and after a bath, when the feet are very clean. Cut the nails straight across to avoid injury to the toes. If you go to a chiropodist, tell him you have diabetes.

5. Wear shoes of soft leather which fit and are not tight (neither narrow nor short). Wear new shoes one-half hour, only, on the first day, and increase one hour daily.

Treatment of Corns and Callosities

1. Wear shoes which fit and cause no pressure.

2. Soak feet in warm, not hot, soapy water. Rub off with gauze, or file off dead skin on or about callus or corn. Do not tear it off. A corn may be painted with the following mixture: salicylic acid, 1 drachm; collodion, 1 ounce. Repeat for four nights; then, after soaking in warm water, the corn will come off easily. If it does not come off easily without bleeding, repeat the treatment for four nights.

3. Do not cut corns or callosities.

4. Prevent callouses under ball of foot:

(a) By exercises such as curling and stretching toes twenty times a day.

(b) By finishing each step on the toes and not on the ball of the foot.

Aids in Treatment of Imperfect Circulation

Cold Feet:

1. Exercises. Bend the foot down and up as far as it will go six times. Describe a circle to the left with the foot six times, and then to the right. Repeat morning, noon, and night.

2. Massage with lanolin or cocoa butter.

3. Do not wear circular garters. Do not sit with knees crossed.

Treatment of Abrasions of the Skin

1. Proper first-aid treatment is of the utmost importance even in apparently minor injuries. Consult your physician immediately.

2. Avoid strong irritating antiseptics, such as sulpho-naphthol and iodine.

3. As soon as possible after injury, certain surgeons recommend the application of sterile gauze saturated with modified alcohol or benzylmonochlorid (B. T. 37). Keep wet for one hour by pouring on more alcohol or B. T. 37. Sterile gauze in sealed packets may be purchased at drug stores.

4. Elevate, and as much as possible until recovery, avoid using the foot.

5. Consult your doctor for any redness, pain, swelling, or other evidence of inflammation.

To ensure correct shoes for each individual diabetic patient, a model is taken and the purchase of these is

[1] Dr. Joslin's printed instructions.

made through the hospital. This is of particular value to patients who have been subjected to foot surgery.

Important Factors in the Nursing Care of Diabetic Patients

Diabetic trays:

1. Food to be weighed and measured accurately.
2. It should be appetizing and properly seasoned.
3. It should be varied and of sufficient bulk to be satisfying.
4. Impress upon the patient that he should eat the prescribed amount of food at each meal.
5. If diarrhea occurs, report it—as a more concentrated diet may correct this symptom.

Contrary to a common custom in many hospitals, the calculation and planning of the diabetic diets is not done in the dietary department, but is in charge of an assistant head nurse with a student nurse assistant. This assistant head nurse makes the routine morning visit with the doctors. The actual preparation of the trays is done by three full-time student nurses.

Care of Bed Patients

PAY especial care to the skin of bed patients; it must be kept clean and dry. A daily bath is given each patient. We have found that air mattresses add considerably to the comfort of patients who have had leg amputations and therefore are unable to move freely. They permit a freer circulation of air and so tend to prevent furunculosis of the back. In these cases the ordinary bed rubber is removed from the bed and a large cellucotton pad is substituted, to protect the bed and absorb moisture. These may be changed, as necessary, without too much discomfort to the patient. These patients also appreciate the use of the Balkan frame which is prescribed as a routine, following amputation.

Patients who appear to be susceptible to lesions of the skin are given Alpine lamp treatments daily. This portable lamp is also used in the treatment of many of the surgical incisions in order to hasten healing.

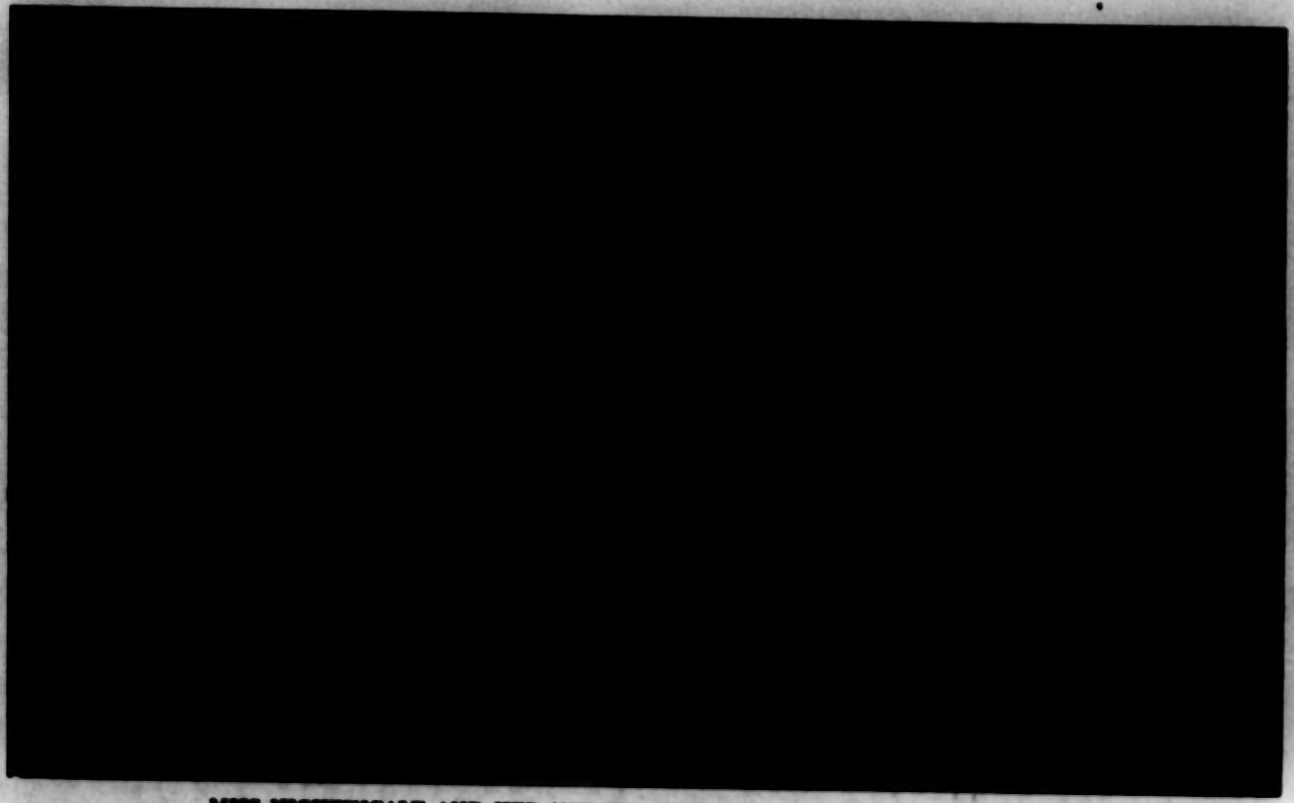
Bed patients are provided with white woolen socks; these keep the feet warm and prevent injury to the skin. Hair pillows under the ankle and bed cradles are also used to prevent pressure.

Morale.—Keep the patient happy and optimistic.

A physiotherapist visits the floor daily and teaches the necessary exercises to bed patients for whom they have been ordered.

A store is maintained at the hospital where diabetic patients may purchase their particular supplies at practically cost prices.

We are fortunate in having a graduate "Wandering Diabetic Nurse." This position has been created to fill a long-felt need in the follow-up care of diabetic children who have been patients in the hospital and whose people are unable to pay for the services of a graduate nurse in the home.



MISS NIGHTINGALE AND HER NURSES, ST. THOMAS'S HOSPITAL, LONDON, 1867

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Spring in the Shops

ELIZABETH M. OSBORNE

THIS is a season of coats; light unlined ones of all lengths and all colors, some of wool but more of silk. Almost every silk frock will have its accompanying silk coat, but with careful planning the same coat will go with all the frocks.

That is why a silk suit is a more practical purchase this season than a heavier wool one. The wool suit is at its best when strictly tailored, and this year the newest ones are the "dressmaker" variety which are far more casual and less masculine than the tailored suit of last year.

For those who wish a woolen suit there is a choice between the long wool coat, either full length or seven-eighths and which, if it has a plain lining, can be worn as a separate coat, and the short hip length coat which is a more businesslike affair. With this latter goes a tuck-in blouse and flared skirt. The fullness of the skirt sometimes comes from a circular cut on a deep yoke; again it has godets across the front or possibly a circular cut at the side only.

Most of the blouses are finished so that they can be worn over the belt, if that is more becoming, but it is smarter to wear them tucked in. With the longer coat, one has a choice between a skirt and blouse, or a dress, but it is a mistake to choose a coat lined with a print, for then it makes a costume only with the printed frock. Two plain colors are sometimes combined in one suit. For example, an unlined coat of dark blue may have an accompanying dress of plain red. Or a brighter blue coat will be worn over a chartreuse frock.

It will be easy to overdo color this year, so watch yourself. It is safest to plan something like this: Suppose you select a silk suit which consists of a dark green unlined coat and printed silk dress, the print being a sunburn-tan flower of small pattern on a green background. This makes an excellent costume for the street, for travel, or almost anything. You could have in your wardrobe, also, a frock of sunburn tan crêpe Roma or georgette for dress occasions and another of green in a lighter tint. All three frocks will make interesting costumes with the same coat if the hosiery and gloves and hat are selected in the same sunburn shade.

The same idea can be worked out with a blue coat; the three accompanying dresses being a blue and white check frock, a matching blue frock and one of chartreuse. A white sports crêpe de Chine will be effective under any silk coat that is all of one color. Every wardrobe ought to contain at least one of these useful sports models in white. It is wise to choose one that can be washed and ironed, and thus save heavy cleaning bills.

A great many of the sports frocks this summer will be sleeveless, but with the silk coat, which should be in every wardrobe, one's arms can always be covered when that is desirable.

Hosiery this season should match the skin, and since the skin should be tawny, the hose should be that shade too. For evening, the tints are paler, but always a tannish flesh and never white, even though the dress and shoes are white. Most of the new colors are shades which blend well with these tawny neutral colors, so you can buy six pairs of hose all the same color and wear them with all your daytime dresses. While we are on the subject of hosiery, let me remind you that stockings should come up high on

the thighs so that short panties will cover them, and if you are tall you must be sure to buy the long lengths.

Many of the smart sports dresses are of cotton. Piqué is smart and inexpensive. Printed cottons and checked ginghams make smart beach suits. A gay little model has the skirt and sleeveless coat of red and white check and the blouse of plain white. Checks and plaids are very much the mode, and polka dots set close together are also chic.

For evening there are bewitching frocks of taffeta and colored organdie for the crisp person who can wear them, and for the others there is a choice of lace or chiffon either figured or plain. These have trailing uneven lengths, tight swathed hips and a down-in-the-back line. The figured chiffons for evening are perhaps the newest thing. The flower design in these is fairly big, but the prints for daytime are tiny and the geometric figures or tiny flowerets are set close together. Flat crêpe will be worn for evening, too.

The color of your evening frock should depend on the number you have. The most serviceable is a black chiffon or sheer lace. They are suitable in all sorts of public places. The lace is usually made over cream or flesh chiffon, and the black chiffon has its upper part made over flesh chiffon, too. If you have just one evening gown, I would advise one of these black ones, but if you already have a dark one, then you can indulge in a tangerine, chartreuse, wood violet, egg-shell or a many-hued flowered chiffon.

Slippers are most intriguing. Usually they are a deeper shade of the same color as the dress. White crêpe de Chine ribbed silk or satin can be dyed any color you may desire. If your feet are pretty, the slippers may be the one note of contrasting color, or they can be still trickier; a tangerine taffeta gown may have robin's-egg blue slippers with heels of the tangerine.

Black silk slippers with bands of gold are best with black frocks. For daytime, there is an unlimited field. Shoes may be dark blue or green, but the most practical for general wear are the reptile shoes which match the hosiery. For black shoes, the pebbly surface of the dyed or imitation lizard skin is more interesting than the plain black kid. The patchy shoes of many different kinds of leather should be worn only on beautiful feet, for they are always conspicuous. This is equally true of sports shoes. Choose all white or all brown if your feet are large.

A word about hats. Straws will be worn, but remember they are seldom as becoming as felts, which will continue in vogue. Combinations of felt and straw, straw and chenille, straw and angora, ribbon and felt, etc., will be seen a great deal. Later in the summer the large shade hats will appear. The crowns are still molded to the head, the brims are more irregular than ever, and are frequently cut up to show part of the forehead. The bicorne, which rolls away from the face in front and forms two points at the side, will be exceedingly popular and the tricorn, which is becoming to so many, will be smart also. Sometimes the hat is made of two different colors, one matching the coat and one the dress.

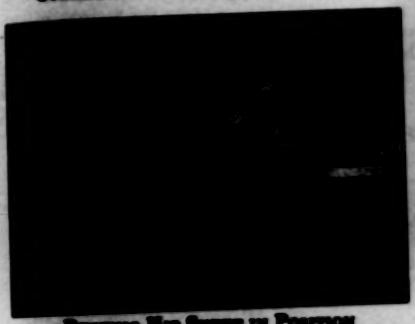
Practical Devices in Use in Shriners' Hospitals[1]

FLORENCE J. POTTS, R.N.

Application of Hip Sheet

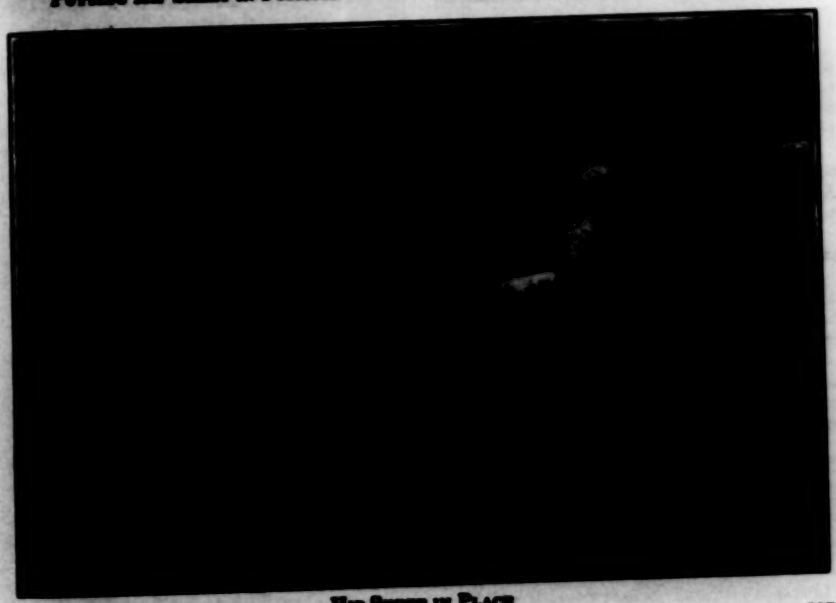
1. Patient is draped with sterile towels—sheet laid folded under patient's limb, which is elevated.
2. One side of hip sheet is brought up over child.
3. Other side of hip sheet is brought up over child—other end of sheet is pulled down to cover table—upper flap of hip sheet is brought over to cover opening and clipped there with towel clip.

[1] Continued from the April *Journal*.



Forming Hip Sheet in Position

Hip Sheet Used in Draping of Hip Cases When it is desired that the whole limb be sterile for manipulation—unfolded



Hip Sheet in Place

4. Sterile double stockinette is applied to cover limb.

5. Sterile towel is clipped around limb at junction of stockinette and towel.

Covers for Bradford Frames

To cover the canvas on a Bradford frame properly and without wrinkles presents a constant problem, as not infrequently it costs a great number of sheets torn by the use of pins.

Covers were finally patterned in one of the units to fit the average sizes of frames in use. At no time has it been found necessary to have more than three sizes.

These are made of double muslin with ties at intervals of four to six inches.

The frames are left with an opening for the use of the bed pan. This opening is covered firmly by heavy material strapped in place to prevent sagging.

The frame is elevated on blocks, doing away with the necessity for changing a patient's position oftener than for routine morning and evening care.

Name Plate

Nickel-plated name plate used for labelling beds. The advantages are:

1. It remains stationary and does not scratch the enamel on the beds by slipping back and forth, as many card holders do.

2. It cannot be removed by the patient.

Unauthorized Solicitation in the Name of the National League of Nursing Education

SOMEONE in Detroit, Michigan, calling herself "M. Eldred," has been soliciting advertisements for a "National League of Nursing Education Review," and giving a receipt for funds on printed forms, with the further statement that these were "Received for the National League of Nursing Education." Naturally the National League of Nursing Education publishes no "Review." The *American Journal of Nursing* is its only official organ.

The National League placed the matter in the hands of the Prosecuting Attorney of Detroit who finds that a fictitious address was printed on the form, and that "Miss Eldred" has left town.

The League wishes the nurses of the country to know what has happened, so that they may be on the watch for any further activities of this, or similar people, and help to prevent deception of either nurses or lay people. The Board of Commerce of Detroit is circularizing its 6,000 odd members about the matter. The League feels that this attempt at unauthorized solicitation should have the widest publicity, so that everyone possible may be warned against impostors.

Functional Relationships

Between the Public Health Nurse and the Medical Social Worker

HELEN S. BUSS

A MEDICAL social worker is frequently addressed as "nurse" by the patients with whom she works. The confusion between the social worker and the public health nurse is so common as to be difficult of explanation to some patients. It is even more important that the distinction should be clearly understood by the members of the two professional groups.

Some years ago, their simple activities made differentiation easy. The nurse requested material relief of the social worker, who in turn asked for nursing care. As they began to analyze the problems they handled and each group dug beneath the surface for causes, they discovered the same factors at work. The question then arose, which group should deal with such cases. Other professional groups, adding their contributions, such as the nutritionist and the occupational therapist, made the placement of responsibility more difficult. Where did the work of one group begin and of another end?

An analysis of the two groups, as at present constituted, reveals each as a separate and distinct profession for which the training has become highly specialized, with an involved technic and a scientific background necessitating years of study. The apparent overlapping of the groups is not a functional one, but is due to extraneous causes such as inadequate self-analysis or lack of an adequate staff of workers.

The education of both groups emphasizes supervised practice work and recognizes the necessity for such fundamental medical and physical knowledge as will make coöperation with the physician possible. The striking difference in training is the matter of emphasis. While the social worker spends the greater part of her time in learning the adjustment of an individual in the community with either physical, mental or social factors involved, the public health nurse prepares to make primarily a physical adjustment by instruction, education and supervision. She may touch on many social factors, but the emphasis will be upon health. Thus, in preparation, each needs as a background what the other develops as a chief technic.

Nurse and social worker, thus differently trained, turn their attention upon the same individual, the much-discussed patient. The nurse supplements the work of the physician through medical treatment and the social worker through social treatment. Dr. Michael Davis, Jr., writing in *The Nation's Health*[1] has divided their activities into three groups: (1) manual service; (2) readjustment of personal or social relationships; (3) health education. He allocates groups one and three to the public health nurse, leaving group two for the social worker, to whom also accrue certain activities falling within the range of the third group. Again, group one is based upon medical knowledge combined with trained skill of the hand; group two depends upon the scientific understanding of human nature as individuals and, collectively, as society;

[1] Davis, Michael, Jr., 1925, "Relation of Hospital Social Work to Public Health Nursing," *The Nation's Health*, VII, No. 4, p. 249.

group three has developed because of the need to bring the recent discoveries of science to the community.

Coördination and intelligent understanding, then, are the chief requisites for successful treatment of the same individual by the two professional groups. The final decision as to the responsibility should be made not by any hard rule of a professional group, but according to the exigencies of the individual case. The conference discussion method may be satisfactorily employed to determine the real need, and will incidentally clarify any misunderstanding between the coöperating agencies.

Practical Considerations

PUBLIC health nursing divides itself into a number of special branches, including tuberculosis, child welfare, school, industrial, and venereal disease nursing. Medical social work subdivides according to the usual departments of a dispensary or hospital, its greatest concentration upon those illnesses requiring supervision and adjustment away from the clinic, such as cardiacs, carcinomas, venereal cases, mental abnormalities, tuberculous and arthritic cases.

In the consideration of a situation which would induce a nurse to call in a social worker, an actual case may be illuminating. A tuberculosis nurse has discovered Mrs. A. in the first stages of tuberculosis. Mr. A's earnings will be sufficient to pay for institutional care on a "part-pay" basis, by the practice of strict economy, included in which will be a move to cheaper living quarters in a different neighborhood. Mrs. A's sister will watch over the children. Although the rest of the family have shown no signs of tuberculosis, they will be willing to coöperate in following rules of diet and hygiene.

At this point the advisability of calling in a social worker should be considered. The family seems able to get along and yet a serious social adjustment needs to be made by them. When a social worker investigated further, the following facts were discovered: (1) Mrs. A's sister, while well-meaning, was incapable of carrying on the excellent discipline maintained by the mother. She was, furthermore, inclined to be frivolous and the possibility that she might supplant Mrs. A. in the husband's affections became a serious source of worry for the patient. (2) Mrs. A. also worried about one child who had been recommended to attend a special school. (3) The family had lived in their present home for six years and had paid down a small sum on its purchase. (4) Because two of the boys were mischievous, they could not be placed in the new neighborhood with safety, owing to the presence of a bad "gang" known to the Juvenile Court.

Such involved and intimate considerations are frequently not given to the health nurse, but appear only after the carefully trained technic of the social worker has elicited them. It would seem that the best practical solution for this type of situation would be the recognition that both workers are necessary if the case is to be handled successfully.

The value of coöperation between the nurse and social worker may be further illustrated in the story of twelve-year-old Mary B., who had been diagnosed as a case of rheumatic heart disease. The school nurse, entering the middle-class neighborhood where Mary's family lived, found their four-room flat clean though plainly furnished. She persuaded them to move from the second to the first floor, with a separate bedroom for Mary. The mother, apparently coöperative,

was given special instructions as to diet. Special privileges at school prevented haste while Mary changed classrooms. The expected increase in Mary's weight curve was of short duration, being followed by a steady decrease, and the physician was far from satisfied with Mary's progress. Subsequent instruction of the mother regarding diet, failed to change the child's condition. Nervous symptoms began to appear. Bed care at home was initiated, although Mary protested fiercely at the abandonment of school.

A medical social worker, approaching the case with emphasis on the social as well as the health needs of the child, discovered that the mother had carefully guarded the fact that her present husband was Mary's stepfather, forbidding the child to reveal this relationship. Before her marriage to this man, the mother bore a reputation for promiscuity and had been threatened with removal of the child by the Juvenile Court. The mother's apparent coöperation with the nurse was part of her effort to "appear respectable" while she actually resented the trouble caused her by Mary's illness and was careless with the child's diet, frequently depending on a corner delicatessen.

The step-father was a periodic drunkard, subject to spells of violence, which caused Mary to fear him greatly. He also resented the extra trouble caused by the child's condition and destroyed her morale by criticising the nurse and the physician. A neighbor's boy who appeared to be feeble-minded, had been accustomed to peer into Mary's window, making queer noises which terrified her.

For some time past Mary had reacted to the unhappy home conditions by a firm determination to get everything possible out of her school training, so that she might be self-supporting at the earliest possible moment. In her quiet self-contained way, she led her class in the sixth grade. Her removal from school was the bitterest blow she had ever received.

After a careful budgeting of the family income, it was discovered that they could not afford to follow the present living plan. Mary was sent to a children's convalescent camp with special provision for her education. The step-father was introduced to a wholesome group of men with a hobby similar to his own. The mother's confidence was gained so that she talked frankly and she was assisted in analysing her own problems by a psychiatrist. Part-time work by her helped the financial situation. It is hoped that when the time comes for Mary's return home, she will find a vastly improved family group.

Intelligent Obedience

BUT let no woman suppose that obedience to the doctor is not absolutely necessary. Only, neither doctor nor nurse lays sufficient stress upon *intelligent* obedience, upon the fact that obedience *alone* is a very poor thing. . . . The most practical lesson that can be given to nurses is to teach them what to observe—how to observe—what symptoms indicate improvement—what the reverse—which are of importance—which are of none—which are the evidence of neglect—and of what kind of neglect. —Florence Nightingale in a letter quoted in the *Nursing Times*, London, March 19, 1927.

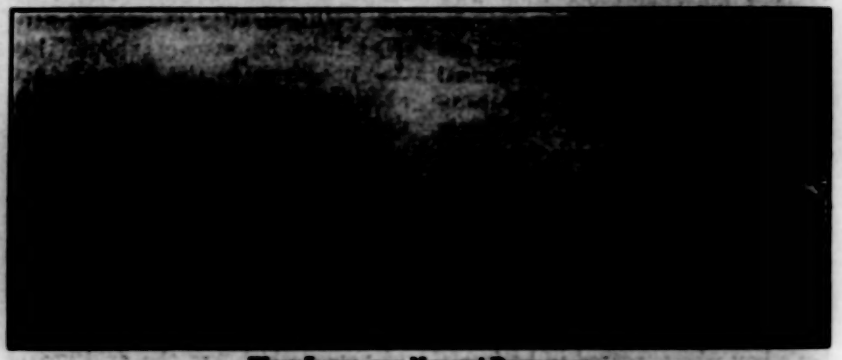
University of Iowa School of Nursing

LOIS BLANCHE CORDER, R.N.

THE State University of Iowa School of Nursing was organized in 1898, when a two years' course was offered. Seven students were enrolled at that time, whereas the present enrollment is 275. Since organization, 653 students have graduated; all except twelve are living. Fifty per cent are married and 75 per cent are practicing the profession of nursing, the majority occupying institutional positions.

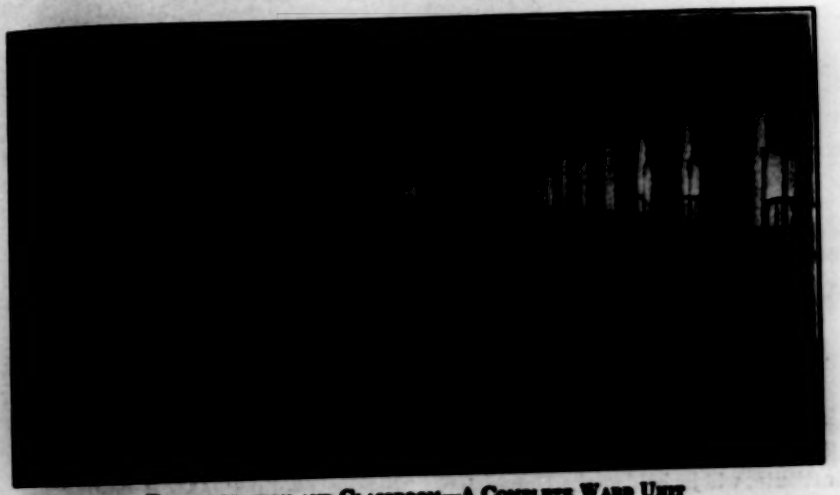
In 1902, the course was extended to three years. The School of Nursing also offers a combined course of Liberal Arts and Nursing, leading to the degrees Bachelor of Science and Graduate Nurse. The medical sciences are taught in the College of Medicine with which the School of Nursing is affiliated. The school has a remarkable laboratory for the teaching of nursing, as the Demonstration Unit is a complete Ward Unit, including a ward pantry, utility room, bathrooms and accessory rooms.

Iowa State University General Hospital

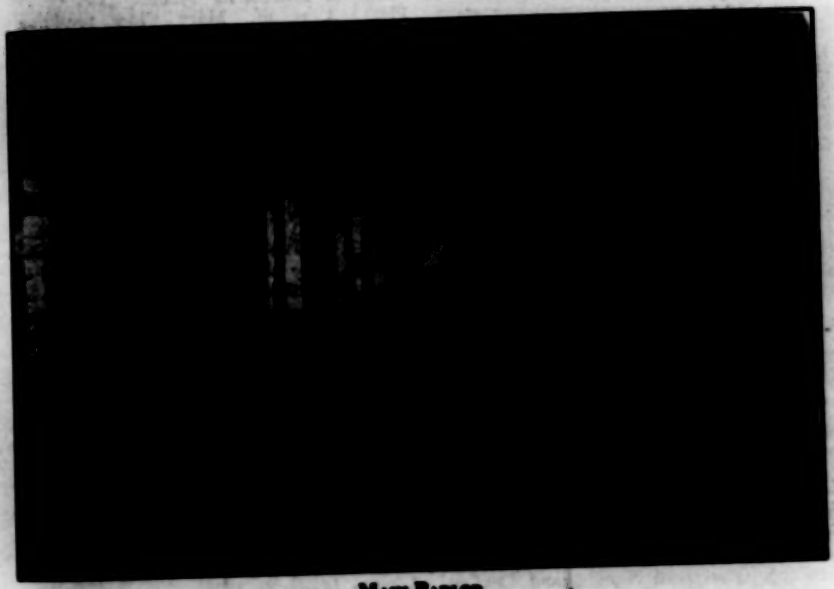


West Lawn, the Nurses' Residence

West Lawn, the spacious residence of the staff and students, overlooks the beautiful Iowa River. It is a four-story structure, containing both single

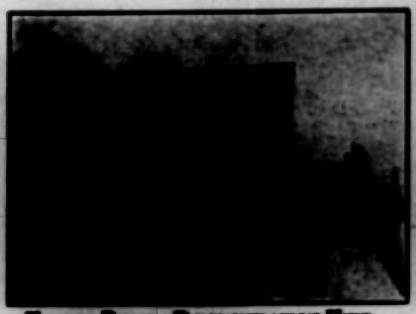


Demonstration and Classroom—A Complete Ward Unit



Main Parlor

and double rooms, which will accommodate 414 nurses. Ample provision for the social life of the students is made by seven well-appointed reception rooms, library and recreation room. The grand piano shown in the large reception room was the gift of the Alumnae Association.



UTILITY ROOM—DEMONSTRATION UNIT

WARD PANTRY—DEMONSTRATION UNIT

Iowa League Institute

This year the Institute to be conducted by the Iowa State League of Nursing Education, its fifth annual institute, will be held at the University Hospital, May 10 and 11, the dates

SUNNY ROOM

having been altered since the first announcement.

An unusually good program has been outlined, as follows:

May 10, 9 a. m., Lois Blanche Carder presiding, Address of Welcome, Dr. Henry Spencer Houghton; "Child Psychology," George H. Stoddard; "Mental Hygiene," Dr. Andrew S. Woods. 1 p. m., Mary Elder presiding, Obstetrical Nursing and Demonstrations, Dr. Everett H. Plass and Ida Boyd; Operative Clinic, Dr. Howard L. Boye and Carmene Bancroft; "Cost of School of Nursing to Hospital," Robert E. Neff.

May 11, 8.30 p. m., Maude Sutton presiding. "Nursing in Indiana," Alma H. Scott; "Genito-Urinary Nursing," Dr. N. G. Alcock; "Materia Medica for Nurses," Dr. O. H. Plant. 1 p. m., Mary Elder presiding. "Principles and Practice of Nursing and Demonstrations," Lois Lindsay, Blanche C. McCurdy, Geneva Mongoven; Open Discussion, led by Maude Sutton; 4 p. m., Tour of University Hospital.

A REMARKABLE memorial to nurses belonging to hospitals or resident in the Diocese of Liverpool, who died in the Great War, is to be placed in the Lady Chapel of Liverpool Cathedral, and will be unveiled by Annie Vincentem Cowdray at the annual service for nurses on May 18. The central panel, of Nabeulsine marble, depicts a nurse tending a wounded soldier. The young sculptor, David Evans, won the *Prix de Rome*, the famous travelling scholarship, in 1924, and held his first exhibition in London in 1927. As a youth he was a file-maker, and studied art at night. His treatment of this memorial is both modern and impressive. The names of former colleagues who gave their lives in the service of the country will be recorded.—From the *Nursing Times*, London, March 23, 1929.

Diabetic Dietary Adjustments

A Teaching Project in Graphic Form

FAIRFAX PROUDFIT

PSYCHOLOGISTS tell us that we derive from 75 to 85 per cent of our education by way of the eye; that a picture is more firmly rooted in the memory than is a written word. Teachers in all branches of education bear out these claims and take advantage of the fact by using illustrative material for the teaching of students, from the nursery school to the great university.

New methods are being developed constantly to make the essential facts in both the arts and in the sciences assume a more concrete form in the mind of the student. It is not sufficient that the textbook of today contain only the essential facts relating to a definite subject, however fundamentally sound they may be from a scientific standpoint. It must be all of that, and in addition it must be sufficiently interesting to enable the student to visualize the subject matter discussed therein, and if called upon, to illustrate her knowledge in the more graphic form of posters, charts, etc.

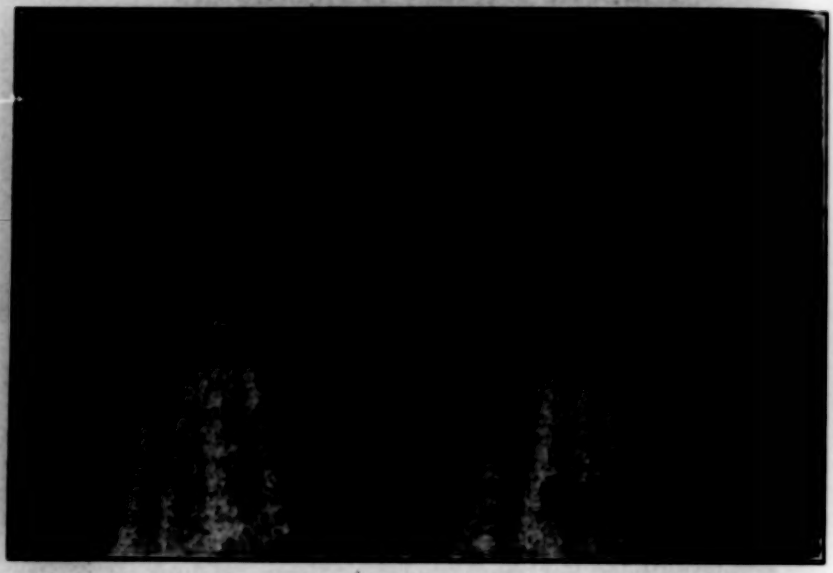
From a pedagogical standpoint, the science of nutrition and diet therapy offers an exceptional opportunity to the student nurse for illustrating her knowledge of foods and their effect on the body, in health and disease. A student who has learned to demonstrate her knowledge by putting it into picture form is more likely to remember the essential facts than she would be if she simply read over the chapter once or twice before the lesson began.

It is not always possible to make use of such a teaching project during the brief time allotted in many training schools for the teaching of nutrition and diet therapy. With the standardizing of the nurse's curriculum, it is hoped that more time and effort will be given to the teaching of these important subjects, as this will undoubtedly increase the nurse's interest, and inspire her to put her knowledge into practice, not only in the hospital, but also after completing her training.

As ability to use her knowledge of food is being more and more demanded in public health nursing, the nurse in this field must be able to teach others to carry out food orders leading to improvement in food habits. She must even, if necessary, select and prepare a specific diet. If her training has not included some instruction in methods of teaching, she will find herself at a loss as to how to get over the necessary information to her patient. It is for such purposes, and for use in teaching the nurse herself, that the "Teaching Project in Graphic Form" was devised.

Probably no greater strides have been made in any branch of medical science than in "Nutrition and Diet Therapy." As research has brought much light upon the effect of food as a curative or remedial agent in many pathological conditions, new devices are being originated, new dietary régimes constantly being tried out to make the treatment of the disease more simple and more effective.

Physicians and dietitians alike recognize the fact that the formulating and offering of a diet to a patient, and having the patient carry out these diet orders, are two distinctly different matters. It is frequently not a matter of coöperation or lack of coöperation



on the part of the patient, the dietary department of the hospital, or even of the member of the family whose business it is to carry out the doctor's diet orders, that they are not carried out correctly, and especially that they are not adhered to over the extended period of time which may be an essential factor in the restoration of the patient to health. Coöperation is undoubtedly an important factor, but lack of understanding is accountable for more mistakes on the part of the patient than unwillingness to follow the directions given him.

The problem, then, seems to be making the patient understand what is expected of him, and teaching him how to carry out the physician's orders intelligently.

It was with this idea in view that the "Teaching Project" was arranged. Having proven successful in the teaching of both patients and nurses, it was displayed at the annual convention of the Southern Medical Association which met in Memphis in the fall of 1927, as a part of the teaching material used in the University of Tennessee School of Nursing. In the fall of 1928 it was also displayed as a part of the educational exhibit at the meeting of the American Dietetic Association in Washington, D. C. Much interest was displayed at both meetings; doctors and dietitians recognized the value of such material for the teaching of student nurses and patients. The "Projects," while essentially a diabetic display, illustrates the possibility of handling other special diets. Diabetes was selected as the disease par excellence for the use of such a project. It merely shows what can be done in any pathological condition where a knowledge of food and its use in the body is necessary to the individual under treatment, and points the way for the instruction of patients more graphically than by any other yet tried by the author. However, if the project were

of use in teaching diabetic individuals alone, it would still be worth while, since it undoubtedly eliminates much of the vagueness and difficulty which surround the filling of the diet prescription in the average home.

The "Project" consists of two parts. First is a series of posters, vividly portraying what is "good, bad, or indifferent" in the way of food for the diabetic patient. These posters serve as a covering for the walls of the office wherein the patient is to wait either for the physician or the dietitian. If they are brought directly to the laboratory or diet kitchen, a certain portion of the wall space is allowed for these descriptive posters, and directly beneath may be placed the table on which the remainder of the project is set out.

Permanent standards may be made for holding the descriptive cards and the picture "cut-outs"; these standards are from six feet to eight feet in length, three inches wide, with a depth of five inches in the back and one and one-half inches in the front, in the form of steps; a groove is cut lengthwise across the top of each step. In the top groove are inserted the descriptive cards. In the groove along the lower steps is inserted the picture of the portion of food described in the card above, while directly below the picture is placed the actual amount of sugar, in household measures, that is described in both card and picture.

At times it is easier to have the standard wider than the dimensions given, allowing enough room at the bottom of the picture for the placement of the sugar. When this is not done, small paper butter plates are placed on the table itself for holding the portion of sugar; either method may be used.

On the "descriptive cards" the name of the food is given, with the amount of the serving, its weight in grams, and size in terms of household measure (spoonfuls, measuring cups,

or inches). Below this the actual glucose value of the food portion displayed is given, also in grams and by measure. The glucose, or sugar value, is based upon the carbohydrate content, plus 58 per cent of the protein, and 10 per cent of the fat contained in the portion of food.

Along the front edge of the table are placed three paper trays, the size of the average hospital tray (when such are not obtainable, three pieces of cardboard covered with a paper tray cover may be used; these covers are pasted to the tray); upon the trays are arranged three complete meals, "Breakfast," "Dinner" and "Supper." In the upper center the estimates are given, as on the descriptive card, with the sugar value of the meal in actual sugar. On a small table at one end are placed the tools which the instructor uses for teaching the selection, weighing, and measuring of the food. These consist of:

1. A notebook showing methods of making the dietary adjustments, a complete table of foods arranged under various headings, Carbohydrates, Proteins and Fats. A table of equivalents, showing how the diet may be varied and one food substituted for another. Recipes for some of the most called-for dishes, such as bran muffins, mineral oil, mayonnaise. Cooking of vegetables, making of salads, simple and safe diabetic desserts, agar jellies, etc. Instructions for making the urine tests for sugar and ketone bodies; recognition of symptoms of acidosis, treatment of acidosis; giving of insulin, recognition of symptoms of insulin reaction and rules for diabetics.

2. A gram scale (Cello, "Chattillon," or Hanson's Food Scales).

3. A standard measuring cup, tea-spoon, tablespoon, knife and ruler, several cardboard to measure, representing the size slice of bread to be used in the diet, and another for the meat portion; these may be cut to size and notched on one edge to show the thickness of portion.

4. Materials for making urine tests, Benedict's Solution, two test tubes, a small saucepan, a teaspoon and a medicine dropper. A small bottle of 10 per cent Ferric chloride solution, and a test-tube brush, together with a wide mouth "specimen bottle" are placed on a small enamel tray.

5. A tray on which is placed the syringe and needles for insulin administration, a bottle of grain alcohol, a box of absorbent cotton, an oblong enamel pan for sterilizing syringe (unless other methods are used), and a box of small gauze pads to be used in teaching the administration of insulin before the patient is allowed to insert the needle into her own body.

The cost of the equipment, save for the scales and testing materials, is not great. The posters are made from pictures cut from the advertising sections of magazines and other places where food is displayed. These pictures are pasted on cardboard, 14 by 17 inches, with a brass eyelet in each corner, through which a thumb tack may be pushed to attach the poster to the wall. A great variety of information may be given by means of such posters. The ingenuity of the student, as well as her artistic ability, is given free rein. However, one need not be an artist to make good posters, accuracy is the keynote of these cards. The 3, 5 and 10 per cent vegetables may be grouped on separate cards, together with some of the dishes made from them. The bowl of tomato soup is a good example of the use of 5 per cent vegetables, as who among us has not tasted, in imagination, the flavor of the soup so temptingly displayed in the back pages of all household magazines? The slogans on these cards must not only be accurate in their description of the food displayed, they should also be sufficiently attractive or informative to arrest the eye and stick in the memory. It is not at all uncommon to hear one diabetic say to another: "Oh! you can't eat that, don't you know that food is 'dangerous to diabetics'?" or to hear another mention, while ordering from the tea-room menu, "I will have an egg salad and a cup of tea, that's

safe." Thus showing they remember the words on the posters.

The food portions, which form the most important part of the "Teaching Project" are "black and white cut-outs," arranged by Lydia Roberts, Home Economics Department, University of Chicago. Miss Roberts arranged these cut-outs in average portions, giving the calorie value beneath each portion. For the teaching of diabetic patients we do not use the calorie as the basis for the estimation of the food prescription, but rather as a check to show whether the individual's energy requirements are being covered by the prescription. It is the amount of carbohydrate, protein and fat that is considered, hence the little space whereon the calorie is marked is left on, but it is inserted in the groove, while the descriptive card above the picture gives the weight and content of the food portion portrayed in the cut-out. These cut-outs should be colored in water color to represent the actual food materials. It is a simple matter, since the pictures themselves are very plainly drawn, and the addition of a wash in water-color paint is all that is needed to make them effective.

"The Project" is not expensive, as has already been stated, but it does require both time and patience to get the materials together, to make the posters, to cut out and color the food portions, and above all to do the necessary estimation of food portions themselves. If one is gifted with the ability to print well, the descriptive cards should not be difficult, but they do represent both time and work on the part of the maker. However, it is possible to have them made by a professional whose business it is to write advertising cards for shops. The cost is not great, and the results are most satisfactory. In order to keep the cards clean, a transparent covering may be put on with glue tape. The protective covering used in the project just described was made from "used" x-ray films; these were soaked in warm water to remove the gelatin film, and dried with a soft cloth to prevent scratching; the cards so protected can be wiped off with a damp cloth, and thus kept free from dust and finger prints.

The value of such material for teaching purposes is inestimable; student nurses enjoy making collections of pictures to be used in poster work; a certain group of nurses during their course of training in nutrition and diet therapy (University of Tenn., School of Nursing, Memphis General Hospital, Memphis, Tenn.) assisted in making the posters, coloring the cut-outs and weighing the sugar for the exhibit just described. In teaching the chapter on Diabetes, the nurses not only are expected to make the estimates similar to those shown on the cards, but also to learn how to teach the patients to manage their own diets by use of this material. The plan is used to teach the student nurse in the diet laboratory, to teach the patients on the ward, first, by acting the part of the instructor, next by taking the part of the patient. This is done in order that the student may not confuse the patient with vague instructions. Later on she makes rounds with the dietitian and, as an assistant teacher of patients, puts the lesson into practice with actual patients. She has already won their confidence and respect from her contact with them on the ward, hence, when it is necessary for them to be taught to carry out the doctor's diet orders at home, they will be likely to feel that she is telling them only what is necessary for their future welfare.

It may be that the patients fall

into bad ways after leaving the hospital, but through the combined efforts of the physician, the dietitian and the nurse to make the diet lesson as simple and as impressive as possible, they will fail less often than they would under other circumstances. It is not possible to leave the training of any patient solely in the hands of the nurse; the responsibility is too great in the first place, and her training forbids her assuming this responsibility without careful supervision. However, after the physician and dietitian have carefully typed the patients, and placed them in the groups where they may be taught according to their ability to comprehend, there will surely be a place for the nurse on the teaching force, and for this reason it is believed that she should be taught the ways and means of doing her part most effectually.

Nursing Problems

In Caring for Patients with Respiratory Diseases

FLORENCE K. WILSON, R.N.

IN the first article[1] written on the problems encountered in nursing medical patients, the difficulties with cardiac patients were discussed. The discussion is continued in this paper with the problems in nursing patients with respiratory disease.

This tabulation seems to indicate that with an acute disease, such as pneumonia, the nursing problems increase but there is a corresponding decrease in the problems with personality. This may explain, in part, why a nurse usually prefers nursing a patient with an acute disease. She sees results in these cases because the difficulties are ones she has been educated to meet.

The tables, students' statement of problem and students' reports, are arranged in the same manner as in the first paper. The reports chosen include a report on a pneumonia patient, showing the problems in an acute, self-limited disease, and a report on a patient with tuberculous pleurisy, a disease with a chronic course.

[1] March *Journal*.

Table No. 3—Problems in Nursing Patients with Respiratory Diseases

PROBLEMS STATED ON 113 CASE REPORTS WRITTEN BY STUDENT NURSES

Pneumonia—89 Cases

Difficulties in giving nursing care	42
To force fluids	9
To give care without disturbing too much	6
To prevent decubitus	6
To influence them to eat	4
To keep in bed	3
To keep quiet in bed	3
To carry out technic	2
To give enough calories in liquid diet	1
To limit intake (renal complications)	1
To give oxygen	1
To make comfortable on backrest	1
To make tall patient comfortable in bed	1
To keep patient covered	1
To keep mouth clean	1
To give medications	1
Difficulties with personality	10
To limit demands	4
To keep patient from spitting on floor and bed	2
To keep cheerful	1
To overcome objections to baths	1
To make patients feel at ease	1

To care for patient without the nurse being depressed and tired out	1

Upper Respiratory—80 Cases

Difficulties in giving nursing care	11
To get to eat	3
To keep on diet (diabetic)	2
To overcome language difficulty	2
To keep quiet	1
To prevent decubitus	1
To get to take treatments	1
To give treatment exactly on time	1
Difficulties with personality	4
To get patient to express desires	1
To discourage introspection	1
To limit demands	1
To satisfy mind	1

Abscess of Lung—7 Cases

Difficulties in giving nursing care	2
To satisfy patient with given treatment	1
To make tall patient comfortable in bed	1
Difficulties with personality	5
To keep patient cheerful	2
To prevent lonesomeness	2
To get acquainted	1

Empyema—6 Cases

Difficulties in giving nursing care	3
To get to eat	1
To keep quiet	1
To get patient to take medicine	1

Tuberculosis—41 Cases

Difficulties in giving nursing care	20
To keep patient quiet	11
To get patient to eat	5
To urge fluids	1
To keep patient clean	1
To prevent decubitus	1
To make comfortable	1
Difficulties with personality	7
To make patient feel at home	2
To limit demands	2
To amuse patient	1
To keep patient from kissing her children	1
To discourage talking about doctors	1

Problems as Stated by Students

PNEUMONIA

1. This patient was very large, difficult to handle, and very helpless. His movements were all very slow. He liked a great deal of attention, and I had to feed him always, which took a great deal of time for he ate very slowly. It was very difficult to make him comfortable in bed, for he was very tall. He requested frequent back rubs.

2. Mrs. C. refused to eat the food served on her trays. My solution was to discover what she liked which was chicken broth. Special permission was given by her doctor to have this brought in by her sister. I also discovered her liking for odd fruit-juice drinks, so I concocted as many different kinds as I could. She refused milk, but by persuasion I had her drink a glass occasionally. She was also very demanding of attention and quite unreasonable at times but by reasoning with her I made her realize the necessity of being a little less selfish. She is a patient who has been pampered all her life by some sixteen brothers and sisters and feels the need of a great deal of attention which is impossible to give to one patient on a ward.

3. The greatest problem was to keep his mouth clean. Having an abscess on the tonsil, mucous was in his mouth and throat immediately after it was cleaned. I used different mouth washes and applicators for this procedure. The patient was very stiff, and I found that when the orderly assisted in turning him, he suffered greater pain than when I did it myself and allowed him to help me as much as he could without using up too much of his strength.

4. The patient needed constant watching to prevent chilling. He was perspiring freely and it was necessary to change his pneumonia jacket and gown frequently, paying special attention to his back each time the gown was changed.

5. My problem was trying to give enough nourishment, in a liquid diet, to satisfy hunger and keep up strength; also, keeping the back in good condition, for he was very thin, and sat continually in one position.

6. My problems were maintaining aseptic technic, keeping the patient comfortable, and giving oxygen, which was a new procedure to me.

7. My first nursing problem with this patient was trying to make him realize that he must have a backrest, as all the cardiac beds were in use. He was so small, he was always sliding down in bed. After placing a pillow at his feet, he became comfortable. Then, too, he would not drink anywhere near four thousand c.c. of water a day, and his tongue was both dry and parched. After much talking on the part of the doctor and myself, he drank more, and added to this, special mouth care, and his tongue soon became better.

8. My main problem was his bashfulness. He never spoke unless spoken to, and never answered in more than yes or no, and it was a rather quiet half-hour each morning when I cared for him. After he had been there a short time he began to realize that I was his nurse and he favored me above the rest with a friendly smile. I did not try to urge him in any way, because I could see that would only add to his discomfort, and it worked beautifully—he began to ask me questions such as, my name, age, where I lived, etc. He then told me a little about himself, and his mother and sisters. He is very fond of his mother, and asked my opinion for her Christmas gift.

PLEURISY

9. It was difficult for my patient to move without coughing, so particular care had to be taken when caring for her, to handle her just as easily as possible. As she was very active, and anxious to help, it was difficult to limit her movements. One morning I found her coughing considerably, and I learned that she had bathed herself with the water brought in by the night nurse for the purpose of washing her face.

10. I was never able to make him feel satisfied with his meals, even though he was served what he asked for. He would eat any sort of food brought in by friends, but not hospital food. Also, his back and hips were very sore, but this was relieved by rubbing.

11. This patient was very easy to care for. The only problem of any difficulty was to keep him quiet in bed. An active growing young boy, he found it hard to always lie quiet and at times was quite restless.

TUBERCULOSIS

12. He was not hard to care for, only that he wanted to get up whenever the bed was made. I believe this was because he did not like to cause what he termed "trouble."

13. My problem was getting this patient to take her medicine. At first she seemed to deliberately resolve not to keep it down when she had taken it, asking for the emesis basin before swallowing the medicine. After reasoning with her and explaining the purpose of the medicine, as best I could, to no avail, I finally "neglected" to give her the emesis basin. This proved fairly successful for she takes her medications now without much opposition.

ASTHMA

14. This patient was a neurotic sort of woman, and although she did have some ground for her complaints, and did have a chronic asthma, and chronic cystitis, she really made herself much more miserable by talking about herself and her pains continually. She enjoyed attention and liked to talk to the nurses. If you got her talking about something else she was interested in, and questioned her about other things she soon felt much better. It was necessary to feign great interest in other things about which you suggested conversation in order to get her mind off her physical condition. One had to be firm, yet cheerful with her.

ANEURISM OF LUNG

15. This man was a problem to me at first, because he was difficult to get acquainted with. He was skeptical and had to have proof of everything. Gradually he became more friendly with me. Sometimes it was hard to keep him comfortable. For awhile, we put pillows on the side of his bed for him to rest his arms on. I always put a bath blanket at the foot of the bed when making it, because otherwise, in his upright position, his feet were against the feet of the bed. His gown had to be changed frequently, for he perspired freely.

Report No. 3—Study of a Patient with Bronchial Pneumonia

JAMES VAN is an elderly white man, about fifty-eight years of age. He is of Belgian descent, and speaks with a slight accent. For twenty-two years he worked as a fisherman on the lakes but in the last few years he has remained on land and has divided his time between selling fish and tending to an automobile parking ground. He does a good business in both lines and claims he makes from ten to twenty-five dollars a day when the weather is good.

James is married for the second time and does not seem to have much enjoyment out of his home life. He lives right next to the parking space in an old barnlike house which consists of two rooms. James says the place is over-run with his wife's cats. The house is by no means a suitable one to live in, especially if James

makes all the money he claims he does. Certainly he could afford a better home to live in. James has no children, and he says all his wife, Susie, cares about is liquor and cats. She is very dirty about her personal appearance and about the house. Most of the time she is dressed like a ragpicker, although James claims he buys her new clothes, one day, and by the next they are dirty and full of hairs because she lets her cats sleep on them.

As a husband, he does not trust his wife with much money, because the first thing she buys is liquor and then she becomes drunk, and fights with anyone she happens to meet on the street. James is actually ashamed of her, for he said, "I hope Susie does not come in to see me, because she is such a dirty woman."

Mr. Van is a regular Santa Claus type of man. He is of medium height, heavy set, has rosy cheeks, dancing brown eyes, white hair and moustache and a very pleasant smile. When he laughs he seems to be bubbling over. He is very fond of the lakes and is never too tired to talk about the twenty-two years he spent on them. He is also very much attached to the horse he owns. He has had her for fifteen years, and is very much concerned about the care she is getting while he is in the hospital. He said he hired a man to look after the horse, and his business, because he could not trust Susie. He was afraid she would mistreat the animal and spend the money from the business recklessly. He enjoys being praised about his strength. He really is strong, due to labor he has done in the past, and he fairly puffs when you compliment him on it. I called him Grandpa a few times and he felt pleased. He said he wished he was one, but since he was not, he was doing all he could for some of the poor children in the neighborhood by sending large baskets of food to them when money was scarce.

James was admitted through the accident ward, November 18, 1927, at which time he complained of severe pain in his left chest which increased with his cough. His T. P. R. were 39–104–34. He has been in the hospital once before, in 1924, when he was treated for a severe burn which turned into a granulating ulcer. He came every week from January to April to have it cleaned and dressed. At the present time he has a large scar on his left leg which shows where the ulcer has been.

Previous to his admission this time, it seems as though James had been drinking some bad whiskey and had been sleeping in a barn with his horse for about two weeks. He says he had a poor appetite, a slight sore throat, and a running nose. It was not until November eighteenth, that he felt a stabbing pain in his left chest which became constant and increased in severity when he coughed. He also noticed a small amount of blood in his sputum.

The laboratory findings were as follows:

Urine Analysis:
  Normal.
  Specific gravity, 1.028.
White blood count, 26,800.
Hemoglobin, 105%.
Sputum:
  Type No. IV Pneumococci.
  Thick, yellow, and streaked with blood.
White blood count, November 30, 11,400.
Hemoglobin, 95%.
Physical Findings:
  Severe pain in left chest, increasing in intensity when coughing.
  Coughing considerably.
  Frothy white sputum, streaked with blood.
  Slightly cyanotic.
  Perspiring profusely.
  Vital capacity, 1400, increasing to 2600.
  Considerable wheezing when breathing.

Râles over both sides of chest.
Distended abdomen.
Shortness of breath.
Subjective Symptoms:
Severe pain in chest.
Severe cough.
Complained of being "feverish."
Complained of perspiring profusely.
Objective Symptoms:
An elevation of temperature.
Pulse rapid.
Respirations rapid and labored.
Decrease of temperature by lysis.
Profuse perspiring.
Flushed face.
Difficult breathing.
Pained expression on face when coughing.
Very thirsty.

The nursing treatments for James were carried on according to the pneumonia routine. He was placed on precautions, in Fowler's position, on forced fluids, and temperature sponges for a temperature elevation of 39, or above. He was given a cleansing bath daily, was kept warm, and had plenty of fresh air. He was not allowed to do anything for himself—I fed him, etc. The effects of all the treatments were satisfactory, although sometimes his temperature remained the same after he had had a sponge bath. Nevertheless, James liked the sponges because they cooled him off and made him sleep better.

James was given Tincture Digitalis, 8 c.c., when he first entered the house, and 4 c.c., q. 4h., times three following this. However, I was unable to observe any decrease in the pulse rate. He was also given Spiritus Frumenti oz. 1., q. 4 hr., times two. This tended to help his cold, and made him sleep. He was given Sodium Bromide, gr. xv, times 1, with no noticeable effects. Starting November twenty-second, he was given a cough mixture, and is still receiving this. He was also given Ammonium Chloride, gr. xv; q. 3h, for four days, and I noticed that he expectorated a great deal more while he received this medication. At H. S. he was usually given Amytol grs. iviii and he, as a result, slept the entire night.

One nursing problem I encountered, was to keep James quiet, and afterwards, I decided this must have been due to his elevation of temperature, for when this returned to normal, he was also much quieter. Another problem was to make him eat more slowly, and with more care. He would fairly "shovel" the food into his mouth when he was allowed to eat alone. This improved some with much instruction.

I enjoyed nursing this man, because he was always coöperative, pleasant, and had a keen sense of humor. He was never disagreeable or growling. Then, too, he responded to all that was done for him, inasmuch as he recovered rapidly and is now able to be up and around. I expect he will be discharged in a day or two.

James' medical future is bright. There is some question as to whether or not his heart is enlarged, and he has auricular fibrillation.

When he leaves the hospital, he is going to "take it easy for awhile" and then he is going back to his fish and parking business. The one question I have, has to deal with his future: Will he be able to go back to his old dirty environment, and his drunken wife, and live happily, after he has been here in Lakeside where he gets clean clothes and bedding each day, and plenty of good food three times a day, and in between times nourishment when he desires it?

References:
Patient's Chart.
"General Bacteriology," Jordan; Chapter II, Pneumococcus.
Medical Lectures.

Report No. 4—Study of a Patient with Tuberculous Pleurisy

MR. WATSON is an adult colored man, twenty-four years of age, married, but separated from his wife for the past nine months. There are no children. He seems to regret being separated from his wife, and says the trouble is all due to his long absence from home when she and he both had other sweethearts. Mr. Watson had been engaged as a chauffeur until last January first, received thirty-five dollars a week, and his wife did housework and received nine dollars weekly. Since January first, he has been traveling as porter in a private car, which kept him from home for several months. The wife has been idle for two months: her last job was in a drug store. He gives her money occasionally but mainly she is living on her savings, and paying twenty-two dollars and fifty cents per month rent. The wife came to see Mr. Watson two different times. He carries insurance which she is taking care of while he is in the hospital.

Mr. Watson is very pleasant and cooperative, appreciative of everything that is done for him. He likes everything clean, and looking just so. His manners and habits are good. He was afraid of drinking too much water, but when told how good it was for him, he was willing to take a lot. He has a superstition that a pan of water under the bed will keep night sweats away. Consequently, the pan of water is placed there every night. Mr. Watson often feels he will not recover, and he needs continual encouragement. The fact that he has traveled considerably, makes it easy to make interesting conversation.

At one time, he tells me, he belonged to a church, and often says how nice it would be if he did now. Early every Monday morning, he asks if I went to church on Sunday, and if I remembered him, and if I did, he will be sure to get well. He reads a great number of books and magazines from the library.

Before coming to the hospital, Mr. Watson had occasional sore throat, had pneumonia, involving the left lobe, at the age of two, and was in St. Luke's Hospital three years ago for an ear condition. Seven weeks before entering this hospital, or the day before the onset of this present illness, he was in swimming, and says the water was too cold. Feeling badly, he came to the dispensary, and was sent into the house, with the diagnosis of pleurisy with effusion.

Subjective Symptoms:
- Dizziness.
- Coughing at night.
- Loss of weight and strength.
- Expectoration of green sputum.
- Pain in chest.

Objective Symptoms:
- Does not look acutely ill.
- Looks tired.
- Coughs.
- Hot and dry skin.
- Full, rapid and bounding pulse.
- An irregular high temperature.
- Rapid respirations.
- Eyes dull and heavy-looking.
- Occasional night sweats, and cold feet.

Laboratory findings:
- Urine-cloudy, alkaline.
  - Spec. gr., 1.030
  - Albumin, Neg.
  - Sugar, Neg.
  - These positive findings are probably due to poor circulation or a low fluid intake.
- Hemoglobin, 85%.
- White Blood Count, 7,000.
- Vital capacity, 3600.
- Sputum—Dirty gray, white stringy liquid, with some streaks of blood, no odor.
  - Microscopically—many streptococci, staphlococci, bacilli, and diplococcus, but no acid fast.

Films of chest—Heart not remarkable in size, occupying a median and vertical position in the chest. Left lung field cloudy.

Physical Findings:

Hot dry skin.
Pulse full and bounding.
Left chest smaller than right, dullness over left lower lobe.
Definite friction over the left lower lobe in the axilla and a pleural pericardial rub.
"The well being with a temperature of 40°, and continued high temperature favors tuberculosis."

Mr. Watson has been on tuberculosis precautions because of T. B. symptoms which were verified by a microscopic examination of sputum, on last examination.

His bed is by the window, so that he may have plenty of air and sunlight. He has been on the porch every day except when the weather was bad. He seems to feel better when outside, and ordinarily stays out each day from nine o'clock until four in the afternoon. He has a high fluid intake, to dilute and carry off poisons from his body. One reason for the high caloric diet he receives is his continued elevation of temperature. He receives egg nog or milk mid-morning, and mid-afternoon. Since being placed on this diet, he has been gaining weight, and last week gained a pound and one-half. Routine care, rest in bed, a hopeful mental condition, a mind at ease, free from worry, pleasant surroundings, fresh air, sunlight, nourishing food, and plenty of fluids, are essential factors in the nursing care of this disease.

There was no nursing problem except that at first the patient was not getting enough to eat nor the things he liked on a straight "house tray." That was remedied by giving him extra food that he liked and needed. Mr. Watson had been very insistent about taking his own bath, and getting out of bed to do this. He is not allowed to take it himself, as he should not exert himself any more than necessary.

Mr. Watson is a moderately intelligent and cooperative patient and has been a very interesting case. I have enjoyed nursing him very much.

Progress has been very slow. He had T. P. R., 40, 120, 40 when he came to the hospital, and the temperature is now 37 to 37.4. His respirations average 20. Upon entrance, he weighed 126 pounds, losing to 115 pounds, and at present is up to 118. The stiffness and pain in his joints are gone. His eyes look brighter, and he sleeps more. His appetite is excellent.

My only question is: Will this patient get well, or will adhesions form from the pleurisy, and the tuberculosis gradually become worse? At present, no prognosis has been made.

References:

"Medicine for Nurses," Hoxie, pp. 55-58, Pleurisy; Tuberculosis, 66-81.
"A Manual of the Practice of Medicine," Stevens, Pleurisy, pp. 306-312.
"The Principles and Practice of Medicine," Osler, Pleurisy, pp. 602-608; Pulmonary Tuberculosis, pp. 182-191.

Sources of Information:

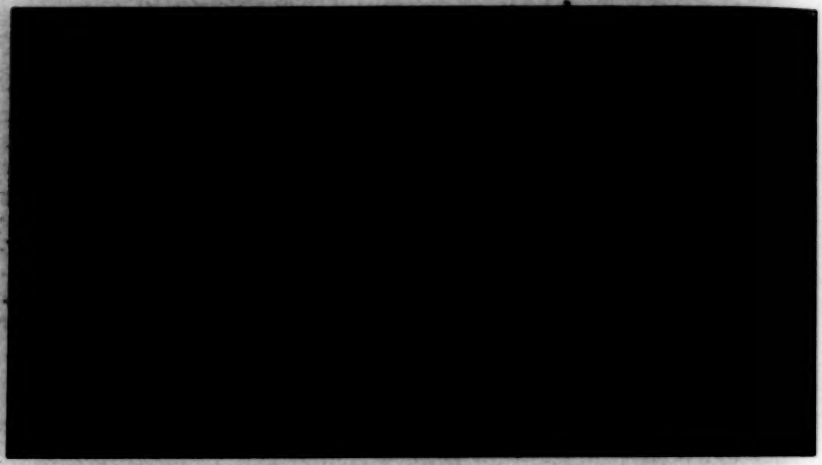
Patient.
Chart.
Dispensary record.
Observation.

Impressions of a Public Health Nursing Service in the Kentucky Mountains

WINIFRED RAND, R.N.

IT was a hot June night when Miss Batten and I stood on the station platform at Lexington, Kentucky, waiting to get on the sleeper which was to take us to Krypton, our next stopping place on the way to the mountains in Leslie County. From England she had come, a trained public health nurse and midwife, to become a member of the staff of the Frontier Nursing Service. My starting point had been much nearer; I was only a public health nurse, interested to go down into the mountains of Kentucky to be for a time with these workers in a new field of public health in this country; public health nurses with training in midwifery. Five o'clock was the hour for rising the next morning in order to get off at Krypton where our railway journey ended and we took to horse or mule-back. A change into riding clothes, breakfast in the little country hotel, and we were off, Miss Batten, a novice at riding, on a staid looking horse and I on a mule, also staid. What luggage we could stow into two gunny sacks hung over my saddle and the fifteen-year-old son of the innkeeper led the way afoot because there was no other horse or mule available. I might remark that he continued to lead the way for the six miles he traveled with us, not entirely because the four-footed animals were slow (they were) but because he, the mountain boy, was fleet and sure of foot and apparently for hours could easily keep up a steady pace that covered the ground in short order. At Possum Bend he left us, after seeing us safely over the first of the five fords between Krypton and Hyden (our destination), riding behind me on the mule. He left us there because we had reached the first center of the Frontier Nursing Service where we were to lunch before starting on the next lap of our journey. Under the hospitable care of Ellen Halsall we found ourselves, and our initiation into the work of the Frontier Nursing Service began.

The house itself interested us much. The gift of a generous friend of the Service, it tucked itself into the rising ground above the river and invited whoever might pass to stop. Two nurses lived there and in the comfortable-looking barn lived their horses, two and sometimes three, because a nurse seems to have more endurance than a horse. A comfortable living-room with books, a victrola and a fireplace, a kitchen ample and convenient, pretty bedrooms for the nurses, a room for company and a big sleeping porch for more company, a bathroom (such a luxury!), and the clinic and waiting-rooms made the house seem a palace to those two nurses who had lived in a two-roomed, whitewashed mountain cabin while it was being built. Before lunch was ready, in came Miss Williams from her morning's round among her patients and the two girls who had started from Hyden that morning with the horses for the rest of our journey. Miss Batten and I sat by, eyes and ears open, while Miss Williams told of her morning's work and the girls gave news from Hyden. The Hyden news largely centered around the plans for the dedication of the twelve-bed hospital and nurses' center being built there to give hospital service to the county and to house the nurses whose



A Mountain Home

district covered a five-mile radius around Hyden, as Miss Halsall's and Miss Williams' district covered a five-mile radius around their center.

Soon after lunch we started, and twilight, which comes early in the mountains and which is quickly succeeded by darkness, found us in Hyden, the one town in the county and its county seat—Hyden with its population of just over three hundred people. A bit stiff, perhaps we were, as we climbed the road which took us up from the river to the nurses' home and health center on the mountainside, for practically everything has to be on a mountainside unless it is in the river, so narrow are the valleys and so numerous the mountains. Here again we met hospitality, the kind of hospitality which warms the cockles of one's heart and which we met wherever we went in the mountains. Alice Logan, the supervisor, was at the gate to welcome us and, though all the nurses look after their own horses, our offer to do so was emphatically refused (not that I wonder at it—they love their horses and would be chary of trusting them to strangers) we were taken immediately into the house, treated right royally, and offered all that the house could afford.

For the next few days, visitors and nurses alike were in the whirl of preparation for the dedication day when all the countryside and sixty visitors from Louisville and Lexington were expected. To transport sixty visitors from the railroad, thirty rough miles away, to house them and feed them when food cannot be ordered from the grocery store downtown, was no small task but one which cannot be described here since it was a special occasion and not part of the daily work of the Frontier Nursing Service. To dismiss it thus lightly seems unworthy of it, for it was indeed a great occasion and one which the nurses and the local committee put through under the leadership of Mrs. Breckinridge, the director, and Miss Logan, with flying colors.

They are used to riding gallantly over mountains, these nurses, and in the same way they ride gallantly

over what would seem to many of us insurmountable difficulties.

What are these nurses doing in Leslie County, Kentucky? They are doing what needs to be done in many a rural district of this country, in such rural districts, for example, as Miss Stebbins described in her article about nursing in rural Missouri in the January and February *Journals*. In the crowded city tenements, in the comfortable homes of the well-to-do in city and in town, the nurse with her bag has been seen for many years, giving nursing care to the sick and teaching about health. She has been at the service of each and all. Those who could, paid for her services, those who could not pay were not denied her services but the burden of support for that service was carried by those in the community who had enough of this world's goods to give them the privilege of assuming that burden. She has done her part in one community or another in teaching people how to protect themselves against disease and how to keep well, in protecting the lives of mothers and babies in childbirth, in lowering the infant mortality rate. She has shown herself to be an essential part of any community health program but she has not yet penetrated very far into the rural sections of our country.

But what of the need? Read Miss Stebbins' article if you would know how great that need. A rural district with no hospital facilities, few or no doctors, no nurses and with little actual money for their schools, their roads or their health program. How are they learning about how to keep well? They are not learning. Who is caring for them when they are sick? No one, or a busy neighbor, kind, but unversed in scientific methods. Who is caring for the women in childbirth? Midwives of the district, neighbors,

NURSE MIDWIFE AND HORSE, NELLY GRAY, WITH SADDLEBAGS

women with no training whatsoever, who have themselves borne children and so feel competent to assume the responsibility. Is that what we want for the rural districts of our country? What can be done about it? The Frontier Nursing Service, patterned on the work of the nurse midwives in the Highlands and Islands of Scotland, has been showing us what can be done about it.

To begin with, the practical question of finances. Financially, the rural districts, which are made up of people living on a low economic level with very few actual dollars passing through their hands in the course of a year, cannot carry the whole burden. It must be assumed by people living elsewhere in this country of ours, just as the people living outside the tenement districts of the city assume the burden of support for health work within those districts. The people, however, within the rural district can and do, as the Frontier Nursing Service has demonstrated, assume their share. A local committee, made up of the leaders in the community, and all communities have their leaders, assumes that part of the burden which it can carry. People are glad to "pay

in kind" to help support the work. Hay for the horses, lumber, produce, eggs, chickens, a day's work, a day's hauling, pasturage, shoeing the horses; the people pay as they can and the work is developed in coöperation with the community itself and on an economic basis.

If the medical profession is represented in the community the work must be developed in coöperation with them but if, as so often happens, the doctor is so many miles away that he is geographically and financially unavailable, a plan must be devised which will meet the needs of the people living under such conditions. The Frontier Nursing Service has devised such a plan. Their staff is made up of trained public health nurse-midwives, nearly all of whom have received their midwifery training in England where the nurse-midwife is accepted as a necessary part of a public health program, and where her practice is definitely outlined by the Central Midwives' Board of England, Scotland and Ireland.

These nurses, located in the centers of their districts covering about seventy-eight square miles, carry a general public health nursing program, nursing the sick and teaching health; they also practice as midwives. They give prenatal care and postnatal nursing care and delivery service for the case which is indicated as normal. For most of the people it is not a question of doctor or midwife, but rather a question of trained nurse-midwife or untrained native midwife. If the case presents conditions which require medical attention, the Service assumes the responsibility of getting advice. If the doctor is needed in attendance on the patient every effort is made to get him, but when one realizes that it sometimes means hours and hours, sometimes more than twenty-four, before a doctor can reach the patient, it becomes evident that the nurse must be trained to carry on during that time. The one who knows what to do and how to do it can save life, for example, in a case of placenta praevia or for an eclamptic and this is what the nurses in the Frontier Nursing Service have done.

In great areas in our country people are born, live and die without medical or nursing care. Should it be? If we believe in it for some, do we not believe in it for all? In those remote districts in the mountains or on the plains are people who are living under primitive conditions, it is true, but who represent a fine element in our country, simple, sturdy, self-reliant, dignified and with a mental equipment which compares favorably with the town-dweller. They live on the soil by the toil of their hands. They can do what no city dweller can do; they can live independently. No tailor for their clothes, no store for their food, no builder to erect their homes, no factory to make their wagons, no blacksmith to shoe their horses; they can do it all. But should we let them remain in ignorance of what good medical and nursing service is and what it can do for one, and can we not look forward to developing further a service which has proved itself in the rural districts of Great Britain, that is, the service of the trained nurse-midwife?

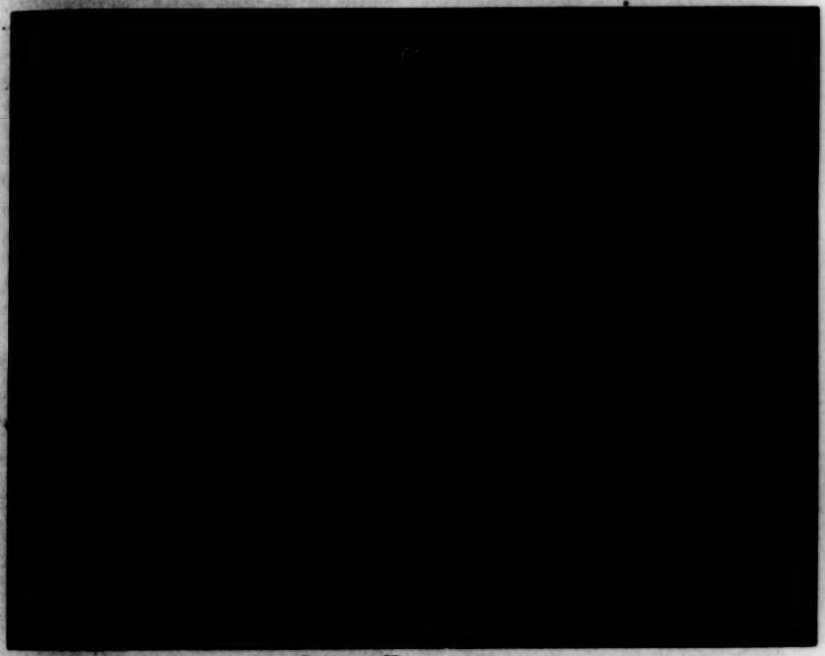
The I. C. N.

HAVE you subscribed to the international magazine, the *I. C. N.J* The July number will be an historical one and every nurse should have it. The subscription, $1 a year, may be sent to the Secretary of the International Council of Nurses, Miss Christiane Reimann, 14 Quai des Eaux Vives, Geneva, Switzerland.

The Southern Division

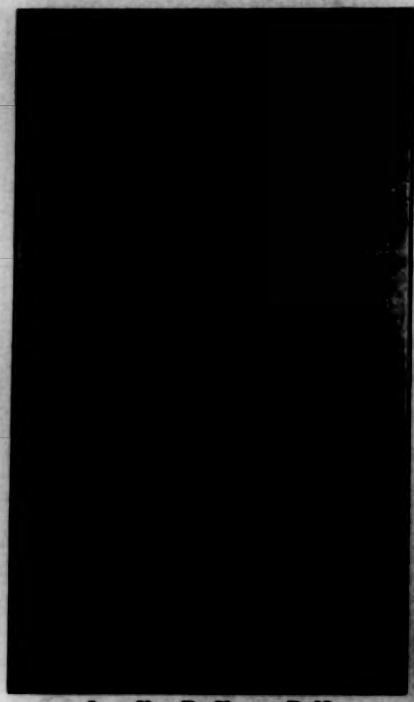
ALABAMA nurses, in the hospitable Southern way, are already laying interesting and comprehensive plans for the entertainment of the Southern Division at Birmingham in October. Birmingham, the Magic City, the Pittsburgh of the South, is the largest city of its age in the United States. Located in the center of the most remarkable mineral section in the world, it is at one and the same time a busy, smoky industrial center and a city of beautiful homes, for its environs spread out and up upon the slopes of the Red and the Shades Mountains. The Bee Line and three other natural highways pass through the city, and still others intersect at no great distance from it, so that it is as freely accessible by automobile as it is by railroad. Furthermore, when Birmingham is "journey's-end" it has ample hotel facilities of a high type for the wayfarer.

The Southern is the youngest of the divisions of the A. N. A., as it came into being at the Louisville Biennial. It is composed of the following state nurses' associations: Alabama, Florida, Georgia, Kentucky, Louisiana, Mississippi, Oklahoma, North Carolina, South Carolina, Tennessee, Texas and Virginia. The influence of the first program, which is now being planned with care, should be stimulating and far-reaching. Representatives of the



CENTRAL HEADQUARTERS

Miss Denny at her desk at State Headquarters, explaining registration requirements to an applicant



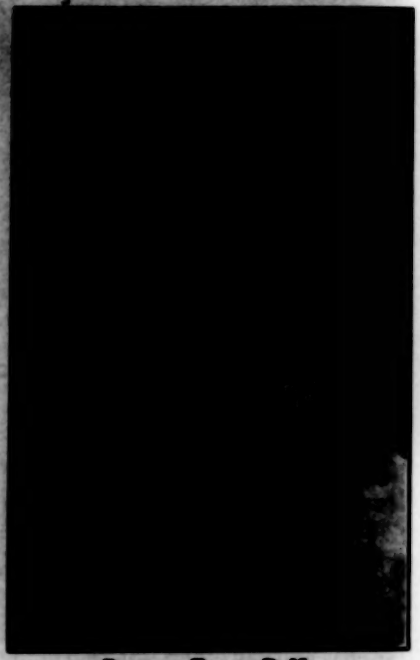
JANE VAN DE VREDE, R. N.

A. N. A. and of National Nursing Headquarters are carefully budgeting their time in order that they may attend.

The purpose of the new division is similar to that of the four divisions which preceded it in time of organization. It was organized to give expression to the discussion of problems more sectional than can be dealt with easily in the Biennials of the A. N. A., to develop and to bring to the attention of the A. N. A. latent and outstanding leadership for wider service in the A. N. A., and to more specifically acquaint the South with National problems and activities, and the A. N. A. with those of the South, to give additional stimulation to securing conference benefits to nurses who do not now attend the A. N. A. meetings but might do so through the Southern Division or, failing to do so, would still have a share in the A. N. A. through the Southern Division.

It is probable that the program will center upon such problems of legislation, education and distribution as are common to the states represented. With the first grading of nursing schools looming large upon the professional horizon, the meeting will give splendid opportunity for the discussion of sectional problems in education.

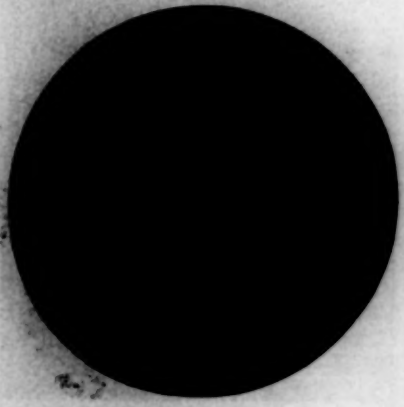
The officers of the Association are: President, Jane Van De Vrede of Georgia; vice president, Barbara Frank of Louisiana; secretary, Bernardine Bryant of Alabama; treasurer, A. Louise Dietrich of Texas.



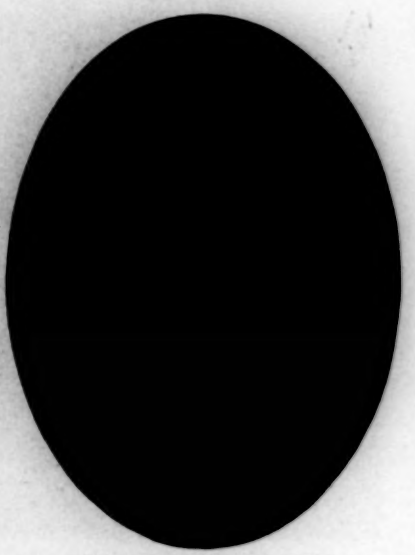
BARBARA FRANK, R. N.

Miss Van De Vrede became widely known for her leadership of Southern nurses when Director of Nursing of the Southern Division of the American Red Cross. She has been active in national nursing affairs and has been a member of the board of the A. N. A. and of the N. O. P. H. N. She has also been a member of the *Journal* Board. The illustration shows her as agent for the *American Journal of Nursing*, our national magazine, as this is one of the many professional duties she combines with her present positions of Secretary-treasurer of the Examining Board and Executive Secretary of the State Association of Georgia.

Barbara Frank is a highly successful hourly nurse who gives most generously of her time for the advancement of various professional activities. There are nurses in New Orleans who say that they would never have had the lovely Club House which houses the Central Registry and around which many social and professional activities center, had Miss Frank not worked with courage and persistence in season and out in the interest of the project.



A. Louise Dietrich, R.N.

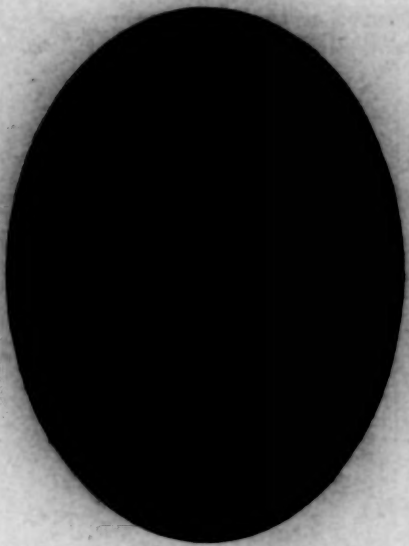


Bernardine Bryant, R.N.

Miss Dietrich is undoubtedly the best known nurse in Texas, where she has done valiant service for nurses for many years in both State Board and State Association work. She is now General Secretary of the State Association. She is a member of the Board of the A. N. A. and has spent considerable time at National Headquarters for the purpose of familiarising herself with the work of the national offices and with their relationship to the state and local organizations.

Miss Bryant, the Secretary of the new division, is a native of Alabama, although a graduate of a Washington school of nursing. Since her period of Army service she has been actively engaged in private duty nursing, but has found time to hold various offices in her District Association and is at present much interested in inaugurating an hourly service in her District (Selma).

As the Alabama nurses are hostesses



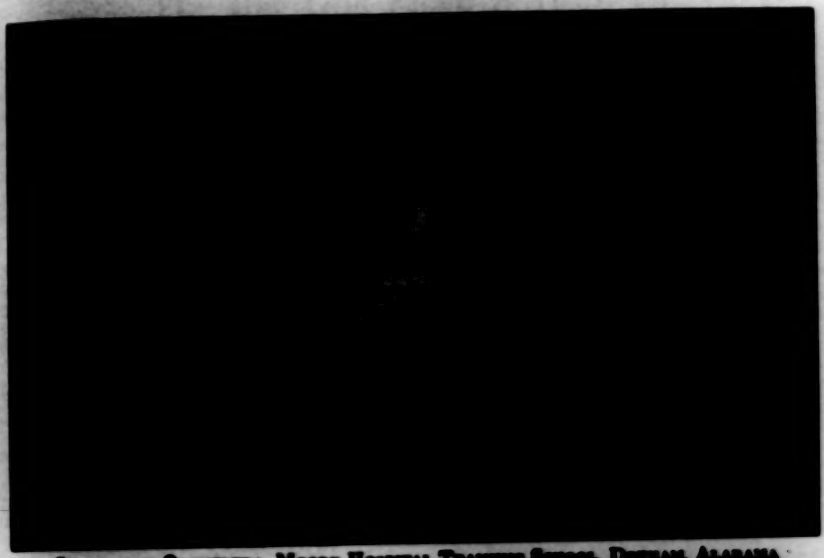
HELEN MACLEAN, R.N.

for this first Southern Division meeting, at which it is hoped nursing history will be made and the cause of nursing measurably advanced in the South, the officers of the State Association, as well as the various committees, are extremely active. Chief of the committees is that on Arrangements, of which Helen MacLean, a hospital and training school superintendent and President of the Board of Nurse Examiners, is chairman. It is said that the State Board owes its existence to her active leadership of Alabama nurses in their efforts to secure legislation. She is an adopted daughter of the South, and has served the state with a sincerity, loyalty and devotion that have won her a permanent place in the affection not only of the nurses but of the citizens of the state.

It is said of Linna H. Denny that her career epitomizes the history of nursing in Alabama, for although she went to the Illinois Training School for her training, she has spent all of the remainder of her long and fruitful life in Alabama. At the present time she is combining the functions of three offices, those of Educational Director and of Secretary-treasurer of the State Board of Nurse Examiners, and of Executive Secretary of the State Association. The organization of the State Headquarters was the realization of years of hope and effort. It is not only the business center of nursing activities but it is a social center as well, by means of which the various groups within the Association have come to know each other through happy social contacts.

Although still a young woman, Annie Mae Beddow has won the distinction of serving a fourth term as President of the State Association. Private duty, industrial nursing, and service with the A. E. F. in Italy, filled her early professional years. After a course at Lakeside Hospital, Cleveland, Ohio, she returned to the

ANNIE MAE BEDDOW, R.N.

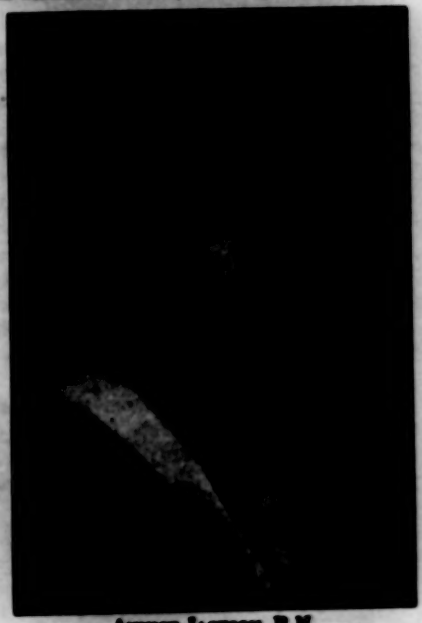


Anesthesia Orchestra, Moody Hospital Training School, Durham, Alabama

South to specialize in anesthesia. Possessed of a generous philosophy of life and endowed with the qualities of leadership, she has been very active in Red Cross Committee work and local and state organization work. An ardent churchwoman, she has the unusual distinction of being a member of the Board of Stewards of the Methodist Church in Birmingham, which has the largest membership of any church of the denomination in the world.

Annice Jackson is a surgical supervisor who is serving her third term as President of the District Association (Birmingham) which is so actively preparing to serve as hostess. It was under her able leadership that the purchase of the Nurses' Club was consummated.

Such are some of the women who are actively sponsoring the first meeting of the Southern Division. With rich, but varying, backgrounds and professional interests, they are con-



Annice Jackson, R.N.

centrating on perfecting the organization which it is hoped will expedite

the development of all nursing activities in the South.

The names of chairmen of committees sound like a Who's Who of Birmingham. The name "Welcoming Committee," of which Elizabeth La Forge of the Department of Health is chairman, is in itself significant of something more fragrantly gracious than the more usual "Hospitality Committee." Unusual features are already being planned for the entertainment of Alabama's guests. A student nurses' chorus is being trained by the leading musical director of the city, and a chorus of colored nurses will sing at the barbecue dinner for which the doctors are planning, while the Saxophone Orchestra of the Moody Hospital School of Nursing (Dothan) will add to the gayety of some of the less formal occasions.

Hands

DOROTHY R. HAYWARD, R.N.

I think you are white temples turned
By Sculptor's moulding tool,
To hold within deep fountains learned,
With vigor flowing cool.

Your fingers fend like vestals fair,—
Deft virgins in their touch;
Guarding flickering fires where
Life's flame lies trampled much.

Intimate with Birth and Death,
You've surely held the veil
That separates by sheerest breath,
The Immortal from our pale.

No wonder then, that hands are fine
White temples of the Soul;
O may you hold for Life, new wine,
With a finger towards the Goal!

The Ills This Flesh Is Heir To

ANNA M. WALLACE

MARY MARTIN'S blue eyes are full of hope as she bends her pretty blond head over her sewing. She is dreaming of the baby that is coming to wear that little dress, and hoping that it will grow to look just like John, the dark-eyed, dark-haired husband whom she considers so handsome. What are the chances that her dream will come true?

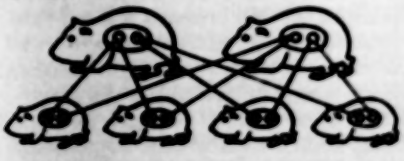
To answer that question, we should have to know what John's parents looked like. If one of them is a blond, the chances that Mary's baby will be a brunet are fifty-fifty. If his parents were both brunet, but one of his grandparents was blond, the odds in Mary's favor are greater. And if none of John's relatives for some generations have been blond, Mary is almost certain to have a brunet baby.

The reason for this can be understood if you will study the diagram of

THE INHERITANCE OF COLOR

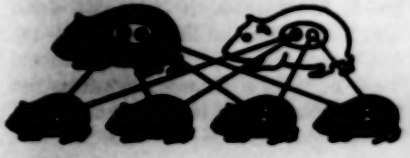
Everybody knows that like produces like. But this is true only when the parents are pure-blooded. *Look at these guinea pigs, for instance.* Mendel discovered that each trait has two determiners. The animal or plant gets one from each parent.

White pigs always have two white determiners. Mating whites produces white offspring.

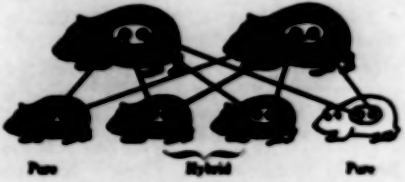


Pure black pigs have two black determiners. Mating pure blacks produces pure black young.

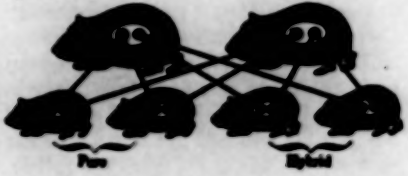
Black is dominant over white, so if pure black and white are mated the young are all black, but they are hybrids. Each has one black and one white determiner.



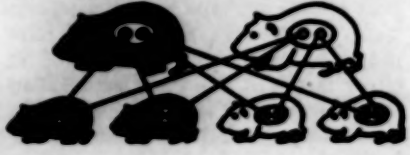
The white does not show, but it can be inherited. See what happens when hybrid blacks are mated.



If a hybrid black is mated with a pure black the young all look black, but half of them are hybrid.



You can tell whether a black pig is hybrid by mating it with a white one. This one was.



the guinea pigs, for blond and brunet coloring in human beings follow the same laws of inheritance as the black and white coloring of guinea pigs. Mary is like the white guinea pigs. She can give her baby nothing but blondness. The baby's coloring will, therefore, be determined by what it inherits from John, and the whole question depends on whether John is like the pure black guinea pigs or like the hybrids. If the latter is true, as it is if one of John's parents was blond, the last set of guinea pigs shows what the chances are. Half the children will be blond and half brunet. But since dark coloring conceals blondness, John may have inherited blondness from some ancestor further back than his parents, and the fact that both his parents, or even all his grandparents, were brunet does not prove that he cannot transmit blondness to some of his children.

Dark coloring is what we call a dominant trait, that is, it shows in a person who inherits it from either parent. Such a trait never "skips a generation." A recessive trait, on the contrary, does not show unless it is inherited from both parents. A man who has inherited it from one parent only, will pass it on to half his children, but it will not show in them unless they inherit it from their mother also. The surprises in inheritance come when two people, both of whom have the same recessive trait, marry. Then the chances are that one child out of four will not get it from either parent; one will get it from the father, one from the mother, and one from both. Only in the last case will the trait show—perhaps to the astonishment of two dark parents who have produced the only blond child in either family. The more generations the recessive trait skips, the less apt it is to reappear, and the greater is the surprise if it does, as it may. The only way to keep it from reappearing is not to marry into a family in which that trait has appeared.

In spite of Mary's desire for a brunet baby, it is not really very important whether or not a recessive trait of blondness inherited from his father gives him light hair. But are there other recessive traits in John's and Mary's families which might crop out in their son—epilepsy, or harelip, or an undue susceptibility to certain diseases, for example?

We are not quite so sure about the laws of inheritance of the really important traits as we are about the color of the eyes and hair. The trouble is, that it takes a great many careful records to establish the way in which any trait is inherited, and we have not enough such records. The geneticist goes ahead and gets the records he needs by carrying on experiments. He breeds a few red-eyed fruit flies with white-eyed ones, and soon has a large number of offspring from which to determine the inheritance of eye-color. It does not take long, and his numbers are large enough to be reliable. We have seen that the chances are that one out of four of the offspring of hybrid black guinea pigs will be white, but we would hardly find that proportion of black and white in any single litter. There are not enough pigs in one litter, or children in one family, to show what the laws are. If we flip a coin two hundred times we expect that heads will come up about a hundred times, but if we flip it only twice, heads may come once, twice, or not at all. If we get heads both times, it does not mean that the chances of heads and tails are not equal, but only that numbers must be large if chance deviations are not to obscure the laws of probability.

Not only are our records too few,

but we can not get the kind of records we need. The geneticist can breed long-haired dogs with either long- or short-haired dogs, or with first one and then the other. But the man who is studying human heredity cannot arrange matings to suit his purpose. Experimental control, quick results, sufficient numbers, are all denied him. He can only note down apparent instances of inherited traits, keep them on record to compare with others which may be observed later, and so gradually build up the data which the fruit-fly breeder can obtain with one experiment.

Such data are being collected by doctors, and published in different places. Since March, 1927, the *Eugenical News* has published every three months, as a supplement, the Bibliographia Eugenica, and much of the doctors' data has been brought together there. Looking over the 1,900 titles of the first six numbers enables us to see what medical problems of inheritance have claimed the attention of physicians and research workers in the past two years. Not a system of the body has escaped notice! Nearly two hundred different traits are mentioned. Of course further evidence may show that some of these traits are not hereditary, and further confirmation is needed in most cases, but at least one doctor—sometimes half a dozen—has found evidence of inheritance of each of these traits, and some magazine has considered the evidence worth printing.

In many instances the mode of inheritance has not yet been worked out, for the reasons which we have considered. Often the evidence consists of an unusual number of members of some family, perhaps through several generations, succumbing to a certain disease, although there is no external reason apparent why they should suffer from it more than others. Sometimes family trees can be worked out which show that the trait is inherited as a Mendelian recessive or dominant. Certain diseases have been found by one man to be inherited as recessives, and by another investigator as dominants. This discrepancy may be due to family differences, or to error due to incomplete knowledge and records. Often the records are not complete enough to show whether the trait is dominant or recessive, and we can only say that it is familial—"runs in families."

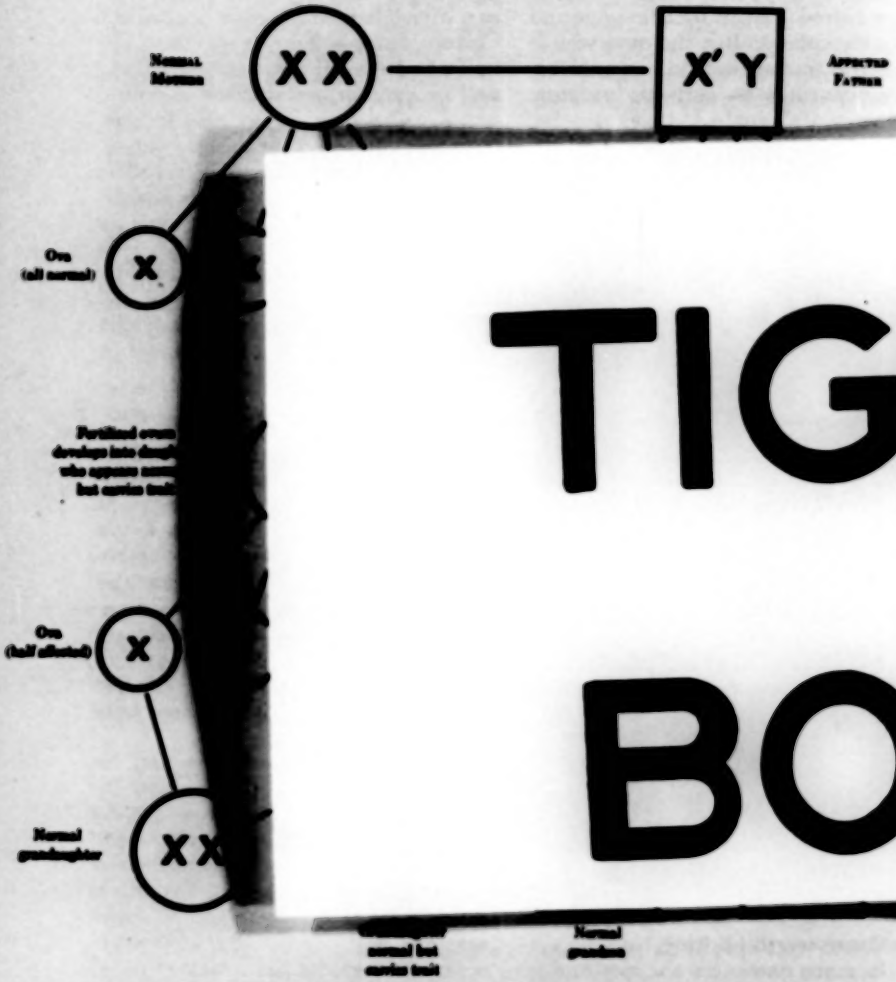
Let us look at the most important findings of the doctors, as recorded in the Bibliographia Eugenica.

Integumentary System

WE have seen that blond or brunet coloring is determined by heredity. How about other peculiarities of the skin? Evidence has been found for the familial occurrence of defective hair, teeth and nails, extra nipples, and skin diseases too numerous to mention. Fish-skin disease is particularly interesting, because it was found to have sex-linked inheritance for five generations; that is, it appeared only in males.

This sort of inheritance can be understood if we consider the mechanism of inheritance. All the cells of the body contain in their nuclei small particles which are called *chromosomes* (color bodies), because they soak up so much stain when microscopical preparations are made. Each chromosome is somewhat like a tiny string of beads. Each bead is a *gene*, a little packet of chemicals which produce definite reactions, and it is these genes which carry the determiners of inherited traits. Human beings have twenty-four pairs of these chromosomes in each nucleus. In women, each chromosome is just like the one

DIAGRAM OF SEX-LINKED TRAIT,
WHICH APPEARS ONLY IN MALES
(*Bar Test*)



TIGH
BOU

with which it is paired, but in men there is one pair which is made up of one, called the X chromosome, which is like the corresponding chromosome in women, and one, known as the Y chromosome, which is found only in men. When a body cell divides to make two new cells each chromosome splits, and half goes into each new cell. But when the ova and spermatozoa are formed, the number of chromosomes in each one must be reduced, as otherwise the fertilized ovum would contain 96 chromosomes.

This reduction is brought about by one chromosome of each pair going into one germ cell, and one into another. Since women have two X chromosomes, each ovum gets an X chromosome, but half the spermatozoa get a Y chromosome instead of an X. [illegible] fertilized by spermatozoa

dwarf has normal proportions is inherited as a dominant. Estimates as to the percentage of clubfoot which is directly inherited, usually as a Mendelian recessive, vary from 5 per cent to 15 per cent. One man attributed it to a combination of defective germ plasm and disturbance of the living

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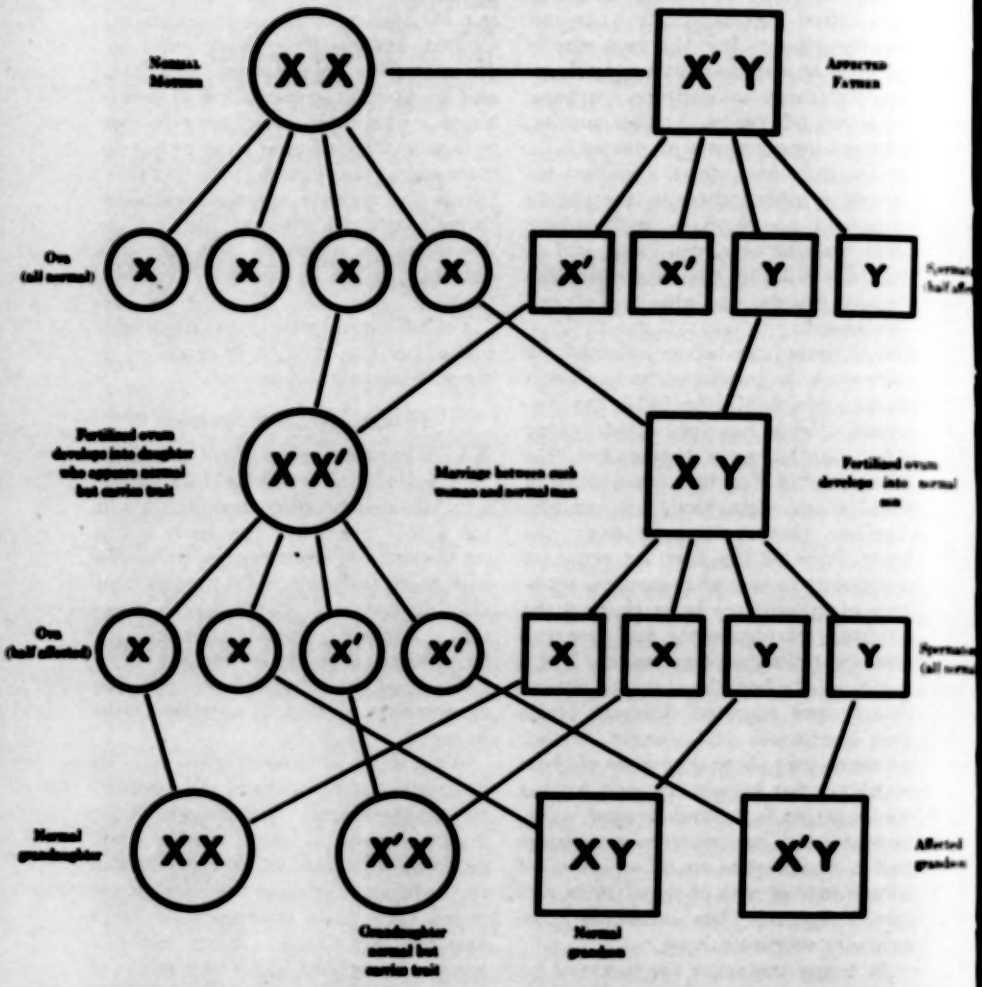
[illegible] a woman whose mother's father was affected may transmit the trait to half her sons, and the capacity for transmitting it to half her daughters.

Skeletal Systems

THE kind of dwarfism in which the limbs are disproportionately small has been traced through five generations. It seems to be inherited as a recessive, while the kind in which the

[illegible] manic-depressive insanity, Huntington's chorea, and cerebellar heredo-ataxy (15 cases in three generations of one family) dominant traits, and amaurotic family idiocy, epilepsy, schizophrenia (note the difference of opinion) and dementia praecox recessive traits. Estimates of the percentage of inherited predisposition to epilepsy have been stated as follows: 25 per cent in one series of

DIAGRAM OF SEX-LINKED TRAIT,
WHICH APPEARS ONLY IN MALES
(the Test)



with which it is paired, but in men there is one pair which is made up of one, called the X chromosome, which is like the corresponding chromosome in women, and one, known as the Y chromosome, which is found only in men. When a body cell divides to make two new cells each chromosome splits, and half goes into each new cell. But when the ova and spermatozoa are formed, the number of chromosomes in each one must be reduced, as otherwise the fertilized ovum would contain 96 chromosomes.

This reduction is brought about by one chromosome of each pair going into one germ cell, and one into another. Since women have two X chromosomes, each ovum gets an X chromosome, but half the spermatozoa get a Y chromosome instead of an X. The ova fertilized by spermatozoa containing the X chromosome develop into girls, the others into boys. Since the boys do not receive an X chromosome from their fathers, they cannot inherit any trait which is carried in that chromosome. The daughters do receive an X chromosome from their fathers, and though a sex-linked trait of the sort which appears only in males does not show in them, they will transmit it to half their sons—only to half, because some of the sons will receive X chromosomes developed from that which was derived from their normal grandmother. In the same way, half the daughters of these women will inherit the power to transmit the trait. This may be illustrated by the accompanying diagram. For the sake of simplicity, only the sex-determining chromosomes are represented (by X and Y). The X chromosome in the father is designated by X′ in order to distinguish between the affected and unaffected X chromosomes. It will be noted that the sons of an affected father produce only normal spermatozoa, and therefore cannot transmit the trait, but the chances are fifty-fifty that a woman whose mother's father was affected may transmit the trait to half her sons, and the capacity for transmitting it to half her daughters.

Skeletal System

THE kind of dwarfism in which the limbs are disproportionately small has been traced through five generations. It seems to be inherited as a recessive, while the kind in which the dwarf has normal proportions is inherited as a dominant. Estimates as to the percentage of clubfoot which is directly inherited, usually as a Mendelian recessive, vary from 5 per cent to 15 per cent. One man attributed it to a combination of defective germ plasm and disturbance of the living conditions in the uterus. Deformities of hands, feet, joints and skull are familial. A defect of the occipital bones was traced as a dominant through three generations, and the small skull associated with idiocy may be recessive. Bony tumors occurred in four generations, and so did brittle bones, associated with deafness and blue sclera.

Muscular System

VARIOUS types of contraction, wasting and defective nutrition of the muscles have been observed running through certain families for three or four generations. Charcot-Marie's neuro-muscular atrophy seems to be a dominant trait. Inguinal hernia occurred fourteen times in three generations in one family, and ataxia, eighteen times in four generations in another.

Nervous System

DOES a child inherit mental defects? Here is a question which is fiercely debated. Different investigators have called constitutional weakness resulting in senile dementia, schizophrenia, manic-depressive insanity, Huntington's chorea, and cerebellar heredo-ataxy (15 cases in three generations of one family) dominant traits, and amaurotic family idiocy, epilepsy, schizophrenia (note the difference of opinion) and dementia praecox recessive traits. Estimates of the percentage of inherited predisposition to epilepsy have been stated as follows: 28 per cent in one series of

200 cases, 32 per cent in a series of 250 cases, and 37 per cent in a series of 800 cases. A study of 1,139 cases of insanity showed that it is inheritable. One man found that 28.9 per cent of 435 insane persons had an hereditary taint, whereas the psychopathic inheritance of 251 normal individuals was only 0.39 per cent. Let us hope that there has been no insanity in John's or Mary's family!

Mental Traits

COMPARISON of siblings (especially identical twins), reared apart, with unrelated children reared together, the achievements of orphans from different occupational classes, and correlations of college attainments with heredity and environment, tend to emphasize the influence of heredity on intelligence.

Sense Organs

WE have seen that heredity determines the color of the baby's eyes. Does it determine anything else about them? Physicians have made a formidable list of inherited defects and diseases. Glaucoma, myopia (in 24 per cent of the myopic), congenita ectopia lentis et pupillae, megalocornea, Leber's disease in women, retinitis pigmentosa, and color-blindness are named as recessives, although some of these diseases have been dominant in certain families. Some anomalies of the eyeball, nystagmus, a form of Leber's disease which is dominant in women, night-blindness, and sometimes color-blindness are sex-linked. Cataract is dominant in some families. Other familial defects are deformities of the lids, ball, iris and cornea. Conical or opaque cornea is so serious that affected individuals should not reproduce. Thirteen families showed an inherited predisposition to trachoma.

There is some evidence that deaf-mutism is inherited as a Mendelian recessive, and deformity of the inner ear as a dominant.

Nutritive System

HARELIP and cleft palate have been found to be inherited in 20 per cent of the cases; in 4 per cent as a dominant, and in 16 per cent as a recessive. Some families have too few or too many teeth in generation after generation, and certain abnormalities of the intestines and pancreas are familial.

Respiratory System

HAY FEVER and bronchial asthma are due to a hypersensitiveness which is inherited, probably as a dominant determined by more than one factor.

Circulatory System

A GREAT deal of work is being done on blood groups because of the practical applications hoped for, such as classification of races, safety in blood transfusion, and determining parentage. If parents suspect that the baby given them by the hospital is the wrong one, blood tests may settle the question, or they may not. If the parents belong to the wrong blood groups, the question is settled, but if they belong to the groups to which the baby's parents must belong the question is still open, unless all other possible parents belong to the wrong groups, and are thus eliminated. Meyer estimates that in only 25 per cent of the cases of suspected paternity are the blood groupings such as to permit a definite conclusion.

Hemophilia, or "bleeding," is perhaps the best-known case of a sex-linked Mendelian trait. Usually only the males are affected. Often the

excessive loss of blood from slight wounds kills them before they reach maturity, but if they do have children, they are normal. Their daughters' sons, however, may be bleeders.

Arteriosclerosis is considered an hereditary disease, perhaps due to transmission of an abnormal protein metabolism. Endocarditis, hypertension and apoplexy run in families, and one case is recorded of a family in which tumors formed by the dilation of capillaries have occurred for one hundred years.

Endocrine System

THERE is some evidence of the familial occurrence of goiter, cheloids, and other ills caused by the improper functioning of the endocrine glands.

Excretory System

TWO families showed congenital hemorrhagic nephritis, one of them for three generations. Eight to ten cases of polycystic degeneration of the kidneys were found in one London family.

Reproductive System

THE familial occurrence of hypertrophy of the prostate indicates heredity as an important factor. Twinning and multiple births seem to run in families, and an only child is apt to prove less fertile than one who has brothers and sisters.

General Diseases

HOW could a baby inherit a disease? It cannot, of course, except in the sense that it may inherit some constitutional peculiarity which makes it unduly susceptible to a certain disease. Nephritis, asthma, epilepsy, duodenal ulcer, high blood pressure, anemias, pellagra, diabetes, hemolytic jaundice, pentosuria, the pseudo-gouty form of xanthoma, and leprosy are some of the diseases which have been found occurring so frequently in certain families as to indicate that an hereditary factor was at work; for example, twenty-one cases of anemia in four generations. Some men emphasize the importance of inherited predisposition in tuberculosis, and others emphasize contagion. The virus is filterable through the placenta. The transmission of syphilis to the second and third generation is still an unsolved problem. Evidence such as three families with cancer of the same organ in three generations, and one in which every woman for four generations had fibromata seem to make it pretty certain that cancer "runs in families," although some dissent or regard it as problematical. Miss Slye's experiments with mice point to the inheritance of susceptibility to cancer as a simple Mendelian recessive. There is some evidence that negroes are less susceptible than whites, and that the white races vary in susceptibility, the Nordics being most susceptible.

We can tell so little about the chances for Mary's baby to be born with the possibility of developing certain traits! Any geneticist could predict much more surely what his new generation of fruit flies would be like. But then, he knows all about his fruit flies' ancestors for generations back. If Mary were very anxious to know the baby's chances of developing a certain quality, she could apply to the Eugenics Record Office at Cold Spring Harbor, Long Island, N. Y., for blank schedules on which to record the previous appearance of that trait in different members of the family. If full and accurate data could be obtained, it might enable the eugenicists to throw light upon the probability of the baby's developing

the trait in question. But even with complete data for a certain baby at hand, there are many traits concerning which the scientist would hesitate to make a prediction, because there have never been enough data collected to reveal the laws which govern their inheritance. We shall not know as much about a baby's chances as we do about those of fruit flies until we collect more data about the inheritance of given traits, physical, mental temperamental, normal or abnormal. If you want to help, get some of the blank schedules mentioned above, record instances of the frequent occurrence of any trait in a family, and send the schedules to the Eugenics Record Office. They will be kept in confidence and, of course, nothing is ever published without the consent of the family.

In spite of the indefiniteness of much of our knowledge about the inheritance of specific defects, we know enough to prevent a good deal of suffering in the next generation. If people with serious dominant defects, that is, the sort which appear in every generation, would let their own generation be the last, and if people from families where a defect has cropped out occasionally would avoid marrying into a family where the same defect occurs, the next generation would be healthier and happier than this one.

The Indian Service

THE Indian Service has four medical directors, three of whom are officers of the U. S. Public Health Service; thirteen special physicians, 183 agency physicians, eleven dentists, one supervisor of nurses, 149 graduate hospital nurses, eight practical nurses, thirty-three field or public health nurses, thirteen nurses engaged in trachoma work with special physicians, thirty-one field matrons, with a considerable number of miscellaneous employes assisting in the various medical activities. These physicians, nurses and other health employes carry out their work in 92 hospitals which have a total capacity in excess of 3,000 beds.

These hospitals vary from small 8- or 10-bed school infirmaries, to general hospitals of 70-bed capacity, and to institutions for the care of tuberculosis having a capacity as high as 180 beds, the average capacity being about 35 beds. They are divided as follows: 79 general agency and school hospitals and infirmaries, 10 sanatorium schools which are virtually tuberculosis sanatoria for the care of children, two sanatoria for tuberculous adults, and one hospital for the insane.

More than 32,000 Indian patients were treated in these hospitals during the past fiscal year. Nearly 2,000 patients were treated in the tuberculosis sanatoria and sanatorium schools. The number of "hospital days" of treatment given in the general hospitals during the past year was over 362,000. The number of "hospital days" of treatment given in the sanatoria and sanatorium schools was in excess of 240,000. The total number of "hospital days" of treatment in the combined general hospitals and tuberculosis sanatoria was over 600,000. . . .

We consider our field nursing service as one of major importance in public health measures among Indians. Through this agency, we hope to teach something of the value of sunshine, fresh air, cleanliness of person and home and a proper dietary, particularly with reference to the care of infants and small children. It is not an uncommon sight to find an Indian home, a tepee, a wickiup or a hogan, with dirt floor and no windows, with lack of ventilation, and perhaps with an advanced case of tuberculosis living therein. Spitting on the floor under such conditions is common, and infants crawl around in the dust. Here, the transition period from nursing to that of taking solid food, a dietary of meat, bread and beans, is an abrupt one. Under such conditions, it is not surprising that epidemics exact a heavy toll. Intestinal disorders are far too prevalent and massive infection from tuberculosis prevails in many households.—From the Department of the Interior, March 12, 1920.

The Part-time Social Director

MINNIE GOODNOW, R.N.

MOST progressive directresses of nurses appreciate the value of a social director and are eager to have such persons on their staffs. In all except very small hospitals, where the relations between staff and students are necessarily close, one feels that a social director is a need. Hospital boards, on the other hand, almost invariably fail to see that there is such a need, and must have the case convincingly presented to them, if they are to consent to provide an additional salary for what seems merely a "frill."

The case for the social director can be stated about as follows:

1. Student nurses look upon their superintendent and her assistants as "Teacher," and to the majority this means taskmaster rather than leader. In schools small enough to admit continuous personal relations between executives and students, this objection on the part of the student may disappear on acquaintance; but unless there is this close contact and unless the executives possess that rare poise and sympathy which enables them to act as "Big Sisters" to their students, they will hardly be acceptable as leaders in off-duty hours.

2. Times have changed. Our student nurses are younger than they were twenty years ago. This means that while they need recreational guidance more,—often they are away from home for the first time in their lives—they are unwilling to accept it from a person who is, to them, too old to understand their needs or sympathize with their desires; they know the things they want to do are foolish, but they demand the right to be foolish—sheer reaction, often, from the seriousness of a nurse's work.

3. Providing one's own recreation has everywhere become uncommon. Instead of "getting up" parties, we go to a movie or a "show," and watch someone else do the work of entertaining. We do not amuse ourselves; we go out to be amused.

4. The modern tendency is toward experiment in self-government. Whether or not our students are fit to rule their own lives and to decide what they shall or shall not do in matters small or great, they are demanding the chance to do it. Youth insists upon its own standards, or lack of standards, and asserts its freedom, in recreation as well as in weightier matters. It demands *thrills*, at almost any price. Student nurses, however serious their purpose, must be tactfully guided, not compelled into right recreations. Strict rules, being unenforceable, become dead letters. You may insist that your students shall not "pick up" men on the street; you may rule against smoking in public; you may say that they must not go to public dance halls or gay restaurants. But can you enforce these rulings? The need is not so much for rules, but for wise guidance into the "more excellent way."

If, in the face of argument, a hospital board still cannot see the need of a social director, it may perchance trust its directress of nurses enough to defer to her judgment; or, it may be induced to let her experiment with a part-time person, and—salary. Some person or organization may be interested to provide such a salary; fifty dollars a month for eleven months in a year is not an impossible amount to devote to the happiness and social welfare of a school of nursing. If such an experiment can be undertaken for a year, the matter is easier the second year.

Also, in many hospitals, there seems not to be a need for a full-time social director. Our students, especially the younger ones, have a very full program of work and study; the precious afternoons off must be spent in shopping or necessary errands; even with an eight-hour day, students want time for their own concerns. One therefore finds that two or three evenings a week and one afternoon, usually Saturday or Sunday, are all that one needs a social director to provide definitely for. True, she must spend time in preparation for these events. She must also teach students how to find

their own recreations at other times. But excellent work may be done by one who spends a scant half of her time at this work.

A very pertinent argument in favor of a part-time person is that it is often possible, by such an arrangement, to secure a very high-grade person at a modest salary. A competent, full-time social director, especially one with training in recreational work, usually commands a salary much higher than a hospital can pay. It is possible, however, to find a person employed for short hours, or a married woman whose own home does not keep her sufficiently occupied; or one with an independent income whose social or club obligations do not fill her time. There are women who have vision, a university education, and interest in young people, who can afford to accept a small salary.

The social director usually lives outside the hospital, a fact which is all to the good. She brings to the students not only a new atmosphere, but also the feeling of contact with the outside world; and the fact that she is not a nurse and does not understand hospital matters is an asset to her rather than otherwise.

The question comes,—how to find this rare woman, after we have become convinced of our need for her and of her existence. In the larger cities, one may find a "part-time bureau" which has a list of women available; or, an employment bureau which deals in professional or high-grade personnel may be able to offer suggestions. The Young Woman's Christian Association is a source of good material. A local college or an understanding clergyman might be approached. If there is a Business and Professional Women's Club, its secretary might give help. Make your wants known, and you may have too many applicants, even. (Incidentally, a call or a detailed letter is better than a telephone conversation.)

In choosing, do it on a basis strictly business or professional, not social or friendly. See that your requirements are stated clearly, and stick to them. Certain things are essential:

1. Age: 25 to 30 years. The limit is narrow, because a successful social director must like to do the things that girls like, and they must be convinced of it.

2. Social status: preferably not married, as marriage changes one's viewpoint fundamentally. She should be interested in beaux, not in mere matchmaking.

3. Health: good.

4. Education: college or equivalent. If she has done recreational work, or been connected with boys' or girls' clubs, so much the better.

5. Refinement: unquestioned. She must be a *lady* by instinct and heredity, not merely by training or veneer.

6. Residence: long in the city or locality. She must really know the city, in many aspects, must know all its recreational opportunities, good, mediocre (and I had almost said, bad—to avoid them), all its educational possibilities. She should know not merely the parks, museums, libraries, theatres, but the right movies, dance halls, restaurants, churches (of all denominations), the Y. W. C. A. and the Y. M. C. A. She should know the bus lines, suburban and interurban, as well as the car lines, and so on. If she does not know all these, she must be ready to learn them promptly.

7. Personality: pleasing *to girls*.

The list of qualifications seems a long one; but there are women to be found who are broadminded enough and experienced enough to meet it.

In engaging a social director, give her an outline of what you want, but leave her free to work it out in her own way. Let her know that she is not bound to carry out your suggestions. If she prefers dramatics to athletics, so also may your nurses. If she can start a glee club rather than a card club, why not?

When the work is to start, introduce her to the Seniors, and let her become

acquainted with them. Though she may do little with them or for them, their opinion of her will control that of the school. If they like her, the battle is half won.

In large schools, have her start with the Probationers, since they need her most. In small schools, she may take the whole group.

Back her up, but let her alone. Let her ride her hobby, though it may not be yours. She will discover, more quickly and surely than a superintendent of nurses can possibly do, what girls like to do. If she is a failure, she will know it. If she is a success, everyone will know it.

"Where There's a Will, There's a Way"

HARRIET GROFF GILLETT, R.N.

HAVING a hip-joint disease, I had waited five years to die, but Fate willed it otherwise. Then I found myself without a home, without relations, no money, with an ankylosed hip and knee joint. Never again could I touch that foot. All my life I must be dependent on others to help dress me. I had either to get a position with sufficient salary to enable me to keep a maid, or adopt a child, or get married. All three were as remote as the moon.

My extremely independent and determined disposition could not accept the condition. "Overcoming" had been my specialty. This condition, also, would have to be overcome. One day I was dreaming of the past. Again I was a busy nurse in the operating room. Quick as a flash the thought came to me, "If surgeons can tie ligature knots with small forceps, why can't I tie shoe laces with large ones?"

Immediately I cut the picture of a pair of uterine dressing forceps from an instrument catalogue and sent it to a hospital supply company in a near-by town with instructions to make two pairs, length 22 inches. In less than a month, and for eighteen dollars, I had my freedom. In two years I had a position, as well as a husband.

But Fate only smiled at me and said, "Ha, you think you were wise getting out of that difficulty. Very well, I'll give you another to overcome." So my husband was injured, an operation followed with a year of convalescence, but now we are both well, our debts are paid and we have both worked for a year and a half. We are hoping Fate will be satisfied for a while.

Perhaps some nurse may encourage a patient situated as I was, if she reads this article. I put on my stocking, holding it with the forceps, pushing it up as much as possible with the other foot to prevent making runners. With a shoe horn, to which has been tied a piece of tape to prevent the metal slipping, I put on my shoe and tie the lace.

When taking a bath, I use a sock made from two washcloths, put it on my other foot, rub on the soap and wash my lame leg just as thoroughly as if I were using my hand.

How sweet is our independence when once we think we have lost it!

Occupational Therapy

In Relation to the Pupil Nurse

MARY L. PUTMAN

THE following discussion of occupational therapy in relation to the pupil in the Nursing School is based on some experimental work in lectures and demonstrations of occupational therapy which the writer has given lately.

The Standard Curriculum for nurses, for a three-year course, specifies a certain number of lectures and demonstrations of occupational therapy, to be given by a trained occupational worker. The subject is placed correctly under the section devoted to special therapies along with electro- and hydrotherapy. Treatment by means of handcraft, or other occupation, dovetails with the fundamental factors of the nursing care and balances the program of rest, food and medical attention.

Carefully prepared outlines of lectures in occupational therapy have been drawn up and published by the American Occupational Therapy Association. A number of state hospitals for mental diseases give lectures on "O. T." [1] to their nurses and also require student nurses to observe and practice certain hours in the O. T. classes. For example: Allentown State Hospital, Pennsylvania, gives annual lectures to nurses in its own school and to affiliating groups of nurses from general hospitals in the local community. Danville State Hospital, Pennsylvania, also requires both men and women pupil nurses to practice simple problems in handicraft and to observe in O. T. classes for a period of one month.

My position as a traveling field worker has taken me into localities where there was no trained occupational therapist at work in a near-by hospital; no classes for nurses to visit. Not all hospitals were able at first to allow the full eight hours of lectures recommended by the Nursing Curriculum; therefore, introductory lectures were given on the general topic of occupational therapy and, to some other groups, periods of eight to nine hours of lectures and demonstrations. In all cases exhibits were shown of a variety of O. T. product. These articles were used to illustrate discussion of patients' case histories, and particularly to emphasize results of work with mental patients. The aim of these lectures has not been to teach nurses to become occupational therapists. The heads of the training schools understood this clearly. Nurses, however, need the fundamental knowledge of the aims and principles of O. T. They should be intelligent in coöperating with occupational treatment as prescribed by the doctor and carried out by the trained occupational worker in hospital ward, or shop. There are also situations in the course of private duty, and cases of prolonged convalescence where the nurse may use some simple technics of handwork to the advantage of her relations with the patients. We may quote here a few words to the point:

> The encouragement of effort in the convalescent is the very special care of occupational therapy. Someone who knows how must be ready to pick up the discouraged and inert patient, and help him put his faculties again into working order. Anyone who doubts the need of special training and preparation for this service has only to try it in a

[1] "O. T." is a much used abbreviation for Occupational Therapy.

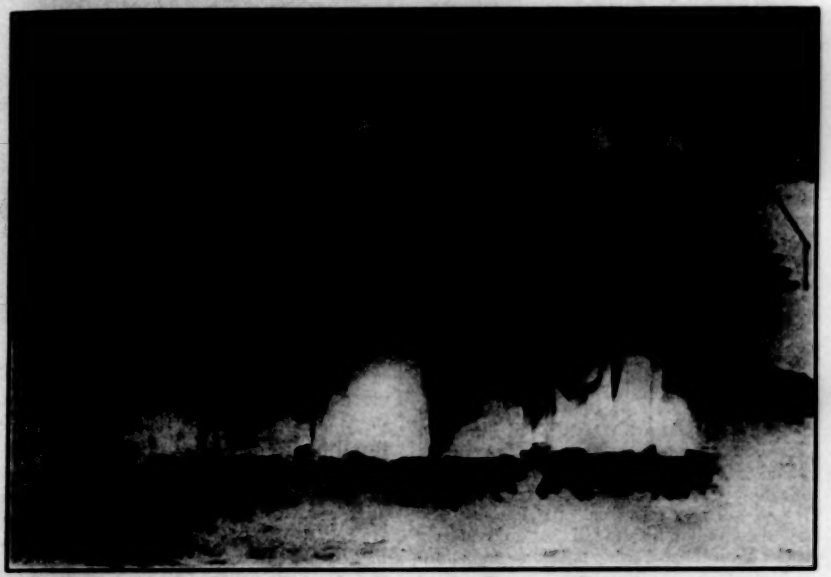
few difficult cases to be convinced that it is a full-sized job and one requiring adequate training.

In localities where I have lectured there was not sufficient opportunity for nurses to observe mental patients. Where the nurses received lectures on mental diseases, the O. T. lecture has been supplementary to the medical lecture. It illustrated types of cases and described behavior problems and habit reactions. The following quotation from Dr. William C. Sandy, of the Pennsylvania Bureau of Mental Health, has been used as a keynote for this topic of mental disease:

> The prevalence of mental disorders alone should impress the general nurse with the importance of more extensive acquaintance with such conditions. There are required as many beds for mental patients as for all other kinds of cases put together. This figure does not take into consideration the many so-called medical and surgical cases with mental complications.

From a personal standpoint a nurse is better equipped where she senses the uselessness and results of worry and neglect of mental hygiene.

> Observation of the inability of mental patients to adjust to human relationships, or unusual life situations, should assist the nurse in bringing about a satisfactory personal adaptation.



PUPIL NURSES WITH SIMPLE BASKETRY PRODUCTS—GENERAL HOSPITAL, ASHLAND, PA.

The condensed lectures given to pupil nurses were supplemented with multigraph notes and outlines given to each nurse for study and permanent place in her notebook. The outlines included: Principles of O. T., graded work for patients in hospitals other than mental; graded work for mental cases; samples of O. T. prescription blanks, and record sheets which correspond to the bedside chart a nurse must keep for her records. Particular emphasis was placed on the fact that O. T. should come properly under medical supervision with

definite prescription from the medical staff.

No formal examinations have been given after these brief lectures. At the end of the talks, test papers were called for. The following paragraphs from a pupil nurse's paper show spontaneity and that she grasped the main aim of the talk given.

The Value of Occupational Therapy

OCCUPATIONAL therapy is any mental or physical activity definitely prescribed and guided for the distinct purpose of hastening the recovery from disease or injury. It is very interesting work to get a patient or even a healthy person to do something that will occupy his mind as well as his hands. It is sometimes quite difficult, but it can be done. If one kind of task does not interest him it is up to the teacher or nurse to find a task that will suit, because it is not to any advantage to keep a person doing something that does not satisfy him. He will not accomplish it willingly, but will have to be coaxed, and that is too much like driving cattle. If the patient likes his work he will do it to the best of his ability, but he must not be discouraged when he makes a mistake. Do not be impatient with him. Tell him in a careful and gentle manner that he has made a mistake. When he sees it, he will not be apt to make it again. Praise him for his work. We all learn by mistakes. "It is those who try to do something and fail that are infinitely better than those who do nothing and beautifully succeed." When he has accomplished the easiest work he can be given more difficult problems. "It is only through labor and painful effort, by grim energy and resolute courage that we move on to better things." "The best reward for having wrought well already is to have more to do." By giving more difficult advancements, it aids his mental condition and when the mental strain is improved the body will improve too. Of course, occupational therapy is not for mentally sick patients only. Any kind of patient can be given a task to do that will help pass the time away and take his mind from worries. When a patient has something to occupy his mind as well as his hands, it is indeed a step to the goal of health. It improves his spirit, which is very essential in any sick person. When the mind is happy the patient is more easily satisfied and so does not feel ill-tempered and does not make his neighbor feel miserable as well as himself. "For happiness lies in some vocation that satisfies the soul, for we are here to add what we can *to*, and not to get what we can *from Life*."

BROKEN BACK PATIENT

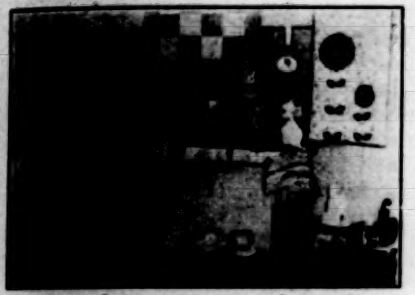
Paralysed from the waist down; control of motion in upper arm and wrist; fingers of right hand not moveable; paint brush strapped to hand—General Hospital, Hazleton, Pa.

During an eight-hour period of lectures and demonstrations, some very simple handcraft problems were taught the nurses. In an average class of thirty nurses the class was divided into groups of ten to twelve and individual attention given each pupil. The Ashland photograph shows the nurses with two elementary basketry problems, a simple tray with wooden base, and a woven mat. The problems were given to the nurses to emphasize the reasons why basketry is given to certain patients.

1. To aid concentration.
2. To limber stiff muscles.
3. To give pleasure in a well finished task.

Other small problems were given in needlework such as stuffed cotton toys; some paper-cutting and pasting; kindergarten posters, for children's ward; coarse cross-stitch wool designs; painting of paper pulp foundation waste baskets and boxes.

The accompaning photograph of



Simple products nurses can make on private duty—cotton and wood toys, needlework

"Michael," a patient at Hazleton State Hospital, Pennsylvania, was used to illustrate a broken-back case history. Michael is paralyzed from his waist down. He has some control of arm motion through the upper arms and wrist. Two fingers of his right hand are bent in a rigid position and the thumb is stiff. Michael asked a nurse to strap a pencil on his hand with a piece of a garter. In this way he drew pencil sketches. The attention of the local Red Cross Secretary was called to the patient, and the writer was asked to help suggest further work for Michael. A brush was strapped to his hand; drawing books have been given for study. The result was that last Christmas, Michael painted and sold a number of parchment lamp shades and Christmas cards with silhouette figures on them. He gets pleasure and mental stimulus from his work.

The following is a condensed outline of the matter covered in these short-time lectures which have been given to the nurses:

Basic Outline O. T. Lectures to Pupil Nurses, 1929

Introduction.—O. T. in relation to nursing schools, under special therapies with hydrotherapy, electrotherapy.

History of O. T.—Dates back to individual medical experiments for 100 years and more. Quotation Dr. Spentsheim, of Vienna, London and Paris, about 1800: "Occupation is particularly necessary for convalescents. To that end, I propose for them a separate building with shops for handicraftsmen, grounds for tilling, and every sort of occupation and amusement."

World War brought O. T. to public attention through U. S. War hospitals and Veterans' Bureau. O. T. Schools outgrowths of war period and demand for trained O. T.'s.

Variety of Hospitals Now Using O. T.
Private sanitariums
Tuberculosis hospitals
Cardiac patients
Hospitals for mental and nervous diseases
Children's hospitals
Surgical cases
Medical cases
Public health cases
Homebound

Definition of O. T.—Dr. Pattison's working brief and comprehensive. O. T. under medical prescription. Records should be kept. Dr. Dunton's book "Prescribing Occupational Therapy" for reference. Nurses not learning to be O. T.'s by any short method. Trained specialists needed to teach O. T., but nurses should know main aims and principles. Simple technic may be useful to them in private duty or with cases of prolonged convalescence.

Bedside Problems.—Special bed rests, back rests, bed tables devised, etc. Cord knotting, card weaving, sample basketry, leather work. Example: Broken-back case, Hazleton Hospital.

Children's Hospital.—Ward work and shop classes. Kindergarten and divisional.

Cardiacs.—Avoid fatigue, light graded occupation.

General Medical.—Contra-indications for O. T. Acute cases, severe illness. Rising temperature, fever, sub-acute cases and convalescents benefit by O. T.

Surgical Cases.—Apt to be less sick and mentally let down than medical cases. No O. T. for injured and infectious cases in immediate and emergency operations. O. T. for waiting period in preparation for operations for some cases, like chronic appendicitis. Some pelvic conditions, deformities.

Postoperative.—Conditions of some types benefit by O. T. Illustration, barber with stiff hands.

Orthopedic.—O. T. may be more exact and scientific here. Instruments and equipment to gauge and measure joint motion, etc. O. T. wrongly used may do harm. Over-use

of a muscle may stiffen it. Too much work may start inflammation in a joint. Too much fatigue in infantile paralysis may do permanent injury.

T. B.—Careful medical prescription and advice. Some patients raise temperature with effort to concentrate or fear of effort with a new problem. Initial work should be quieting and diverting. Graded programs for T. B. work, including pre-vocational training. Avoid chest strain; avoid materials with lint for breathing, etc.

Mental Cases.—O. T. a necessity in mental hospital program. Improves general morale, normalizes hospital day. Good for asocial and exclusive patients. Patients may be trained for return to home life, or as more useful members of hospital groups. Scope of Pennsylvania State O. T. program. Distinguishes mental from "feeble-minded." Types of reactions with difficult mental cases.

Manic Phase.—Over-happy, elated, excited, restless, weak attention, easily distracted. However, quick to take things in and keen memory. Feeling of superiority. O. T. must steady this type of patient. Must hold attention on some one thing. Stimulate patience. Example: Therapeutic value of weaving, Petit point wall squares; interest in color and design.

Depressed Phase.—Opposite to manic. Inert, unhappy, slow, inhibited, poor attention. Feeling of inferiority and inadequacy. Varies from slight depression to melancholia. O. T. should stimulate, arouse interest, take mind off self. Replace unpleasant ideas with new interest. Arouse pride in accomplishment. Example: Danville patient and toy furniture. Warnings about suicidal patients, use of tools, etc.

Dementia Praecox.—Large per cent of state hospital and war cases. "Disease of Youth." Day dreams. Must learn to concentrate. Withdrawal from reality. Deteriorating types; untidy, demented, need habit training. Discuss waste and salvage materials as means to therapy.

Paranoia.—Suspicious, trouble-makers, extreme cases may be homicidal.

Nervous and Borderline Cases.—Private duty nursing shows these conditions. Neurotics are self-centered.

Tics. Hysterics.—Special word on epileptics. Mention school and industrial problem for feeble-minded.

It is hoped that these special lectures given to the nurses may awaken their interest and hearty coöperation with the true aims of occupation as therapy, and it is hoped, also, that the future will see more trained occupational therapists called into the service of the general and surgical hospital group as well as for the mental hospital programs.

How Public Health Nurses are Placed

THE Joint Vocational Service, Inc., presented an interesting quarterly report at the meeting of the Board of Directors of the N. O. P. H. N., excerpts from which are quoted:

"The following figures indicate the volume of work in positions handled and in registration of candidates for positions:

Positions	*Public Health Nursing*
Open September 1	145
New positions	215
Open January 1	136
Disposition of Positions Closed	
Filled	95
Assisted	20
Otherwise	66
Cancelled	25
Dropped	18

"Positions filled ranged in salary from $4,800 to $1,200. Though not highest in salary, perhaps among the most strategic ones were positions for public health nurses in the New York City Department of Health not under Civil Service and for a social worker on the staff of the Encyclopedia of Social Science in which Encyclopedia social work is being included.

"It is interesting to note that there has been increased call from public health nursing agencies for workers with practice in social case work. There has also been increased call for professionally equipped—if not highly specialized at least well informed—candidates who have ability in editorial work to make more useful excellent studies made in the technical fields in which we are interested. . . . The Advisory Committee in Public Health Nursing is giving special consideration to the problems ago presents with many public health nurses."

May 12 to 18: Grading Week

MAY AYRES BURGESS

MAY 12 to 18 is Grading Week. It seems particularly appropriate to choose this week, which is ushered in by Hospital Day and by Florence Nightingale's birthday, for the first nation-wide self-survey of schools of nursing. Nursing education is one of the foundation projects of our hospital system. Florence Nightingale is not only the founder of modern nursing education, but also one of the early and internationally known professional statisticians. Were she alive today, she would be participating with the keenest interest in this attempt to study from the statistical educational viewpoint all the schools of nursing in this country.

The success of Grading Week depends upon the enthusiasm of those who are invited to take part. A few days before the 12th of May, the Superintendent of each hospital in this country which has a training school will receive from the Grading Committee an invitation to participate in the self-survey study. With that invitation will be the instructions and material necessary, so that the school can proceed at once to carry the project through.

Unique Opportunity

PROBABLY this particular chance will never come again. Grading is expected to be repeated year after year *but the first grading* will come only this once.

Because hospitals have had no experience with this grading plan and because the Grading Committee has as yet no clear and detailed picture of what schools of nursing are like, it has been decided that in so far as any individual school is concerned, the first grading shall be a wholly confidential matter. Not only will the returns sent in to the Committee be confidential, but the report which the Committee returns to the school, showing what its standing really is as compared with other schools, will also, for this first grading, be confidential.

When grading is repeated in subsequent years, it seems highly probable that this veil of secrecy will be lifted so that some of the ratings will be made known. For example, it has been suggested that for next year's grading the results be published in a list showing the names of all the schools which rank above the middle but giving no names of schools which fall below. By implication, then, the few schools which may not have "bothered" to grade themselves will be supposed to have received a low rating.

For this first grading, however, the Committee binds itself not to give out any information concerning the standing of a school of nursing to any one except the officials directly concerned with that school. Each hospital will know where its own school stands, but no hospital will know where its neighbors stand.

The opportunity is given for every school in the country to discover what its standing really is, on a series of fundamental educational factors, without any penalising publicity to accompany that knowledge. Ambitious hospitals, determined to secure high ranks in later years when the grading returns are being published, will seize this opportunity to start from the ground floor with a clear statement of where they are and what they will need to do if they wish to raise their scores in later years.

Be Prompt

THE essential of the grading scheme is, as was explained in last month's *Journal*, that schools will not be compared with some theoretical standard but that they will be compared with each other. The standing of each school on each item used in the grading will depend not upon what the members of the Grading Committee think that school should be doing but upon how the things it is doing actually compare with what other schools are doing with regard to the same problems. This is an eminently fair method to use for the first grading, but it has one difficulty. Since the standing of each school depends on what the other schools are doing, the final grading cannot begin until all the records are in.

If a school wants to be graded, it must get its reports in early. Otherwise it runs the risk of being notified that its reports were received too late and that the study had been closed before they arrived. The Grading Committee still occasionally receives a filled-out questionnaire from someone who was asked to participate in the first economic study, two years ago. Those questionnaires are interesting but they cannot be used for statistical purposes because they came in too late. In the case of grading, a delay even of six weeks in sending back the reports may mean that a school will lose its opportunity to be graded, because to wait six weeks for one school would mean delaying the grading processes by at least six weeks for all the others. The study will close early. Be prompt.

The Grading Package

SOME time before the 12th of May, a large envelope will be received by the Superintendent of the Hospital in every hospital where there is a school of nursing. In this envelope there will be a letter of explanation and invitation, an instruction book, and a package of blank report forms. There will be 8 of those forms. They are listed about as follows:

REPORT FORMS FOR THE FIRST GRADING

To be filled out by	*Subject*
Superintendent of Hospital	A. Facts about the hospital and school
Superintendent of Nurses	B. The bedside nursing load
Principal of School	C. The student body D. The teaching staff E. 1928 graduates—class record F. 1928 graduates—practical experience record
Each graduate nurse	G. Graduate nurse record
Every student nurse	H. Student nurse record

Many weeks have been spent in the most careful kind of preliminary experimenting in an effort to make these forms as simple as possible and to adjust the wording so that it will come near to fitting the peculiar conditions in the many different types of hospitals. It is believed that most of the forms are now in such shape that they can be filled in without an unreasonable amount of labor by the various people connected with the school.

Except for the largest hospitals,

there are only three which will take much time. They are Form B for the daily record of the bedside nursing load and Forms E and F, the class and practical experience records of the 1928 graduates. These three forms call for information which is of such great significance in showing what the school is actually doing that it cannot properly be omitted from any grading program. Much effort has been spent to make these three as simple as is compatible with getting the information; and most schools should have little difficulty in filling them out. It is to be remembered that were the grading study to omit every question which might be difficult to answer, the results of such a super-simplified study would be of little help to the people who are trying to run the schools. Any grading which fails to consider the amounts and types of nursing care which the patients are receiving, or the amounts and types of classroom and practical nursing experience which the students receive, would have difficulty in securing the respect of thoughtful educators.

Grading is not an easy job. The whole task will take a good many hours of careful work and most of the responsibility will fall on the shoulders of the Superintendent of Nurses who is also, in most cases, the Principal of the School of Nursing. We might as well frankly face the fact that no grading of schools can ever be accomplished in a satisfactory manner unless a good many people are willing to put in a good many hours of hard work. In the field, this work must be done by the people connected with the schools. At the Grading Committee headquarters the project calls for large sums of money to cover the costs of printing, tabulation, etc., and a truly formidable amount of statistical thinking and calculating. Yet, on both sides, a complete and thoughtful survey of nursing education in this country, such as will be secured through grading, is so obviously valuable that the time involved becomes well spent.

The Instruction Book

IN addition to the report blanks, each hospital will receive an instruction book which will consist of sample forms already filled in, so that those who are participating in the study may see just what sorts of answers are anticipated. There will also be a letter of explanation with any other additional comments which may make it easier to understand just what is wanted.

The instruction book will urge—what it seems worth while to emphasize here—the importance of reading the questions on each report form all the way through before starting to answer any of them. It may seem unnecessary to make this suggestion, but it is true that about nine-tenths of all the confusion and discouragement which attend the filling out of questionnaires comes because people have not taken time enough to understand what they are trying to do. It is worth taking five minutes to read the form from top to bottom before making a single pen stroke on it. When all the questions have been read, it will usually be found that they fit together and explain each other, and in most cases there will be comparatively little difficulty in understanding exactly what is wanted. Do try then, if you are one of the people who has any part in the activities of Grading Week, to remember to *read everything through first.*

"What If We Don't Answer?"

IT is believed that the 8 forms are now simple enough so that most schools will be able to answer all of

them without undue difficulty. It is impossible, however, to anticipate every situation in every hospital and there may be some cases where those who are asked to fill out the report forms will find one or more of the questions just too difficult to answer for their particular situation. In that case the wise person will not attempt to do so but will write on the back of that particular form an explanation of what is the matter.

Hospitals which answer every question will of course be given credit for that fact. It is quite clear that any school which knows what it is doing is apt to be a better school than one which does not know, and therefore credit should be given to those whose records are so complete that they can answer all the grading questions. In later years the amount of credit to be given for complete answers will probably be greater than for this first study. The real purpose of this first study is, in a way, preparatory. The actual grades which a hospital receives this year, since they are to be kept confidential and no one else will know them, are not of very great importance. The important thing is that every school should know where it stands compared with other nursing schools. If it finds that it cannot answer some of the grading questions because its records are incomplete, that discovery will immediately point to the importance of improving its record forms before next year when the second grading comes.

The suggestion to hospitals, then, is: Fill in the answers to all the questions just as fully and accurately as you can but do not be too seriously worried if for this first grading some question has to go unanswered because you do not have the information required. Do, however, remember that grading is coming again; that later gradings will be given more publicity than this one; and that any school where the records this year were obviously inadequate, would do well to consider installing a better record system soon.

Why a Self-Survey?

FOR this first study there will be no national inspectors. It is believed that better results will be secured by making each hospital responsible for studying its own school.

When grading plans have been discussed, the question has been asked: "What about the school which falsifies its returns?" It is not believed that this is a serious problem. Ninety-nine out of a hundred hospitals will be as eager to find out the facts about themselves as the Grading Committee is to find out what the hospital is doing. Moreover, the same problem arises in any form of grading; for it is about as easy to be dishonest when national inspectors are visiting a hospital as it is to be dishonest in answering questions on a sheet of paper. The person who is so ashamed of what he is doing that he wants to conceal the facts will manage to do so regardless of the form which grading takes.

Most hospitals are not afraid to be studied. The exceptional hospital which, through some mistaken fear, sends in a more glowing account of its achievements than is wholly warranted, will probably be rather easily detected, since there are several methods for cross checking the reports; but even if no notice were taken of such discrepancies by the Grading Committee, such a hospital would have very little to gain by inaccurate returns. It would have lost the chance to check up on its own school, and, since results are not to be published, and no one else would know what its grading was, a high mark dishonestly

gained would not add to its glory outside. It is believed, therefore, that even hospitals which might conceivably be tempted to fill in false reports will realize that, under the particular grading scheme adopted, they have little to gain by doing so, and much to lose. The ambitious hospital will seize this chance to discover, secretly, exactly where its school stands in comparison with other schools, and prepare at once to get a higher rating next year.

The Hospital, the Alumnae, and the Sick Nurse

VIRGINIA McCORMICK

HERE is a story for the nurse who thinks she is forgotten by her classmates and hospital alike; who, not allying herself with her alumnae upon graduation, has drifted further and further from contact with her Alma Mater and now works alone, and makes no friends among nurses, and convinces herself gradually that no one in her profession cares what happens to her.

Another nurse will read this story also, the nurse who works in her alumnae association and helps obtain results similar to those recorded here. For her there will be pride and stimulus in the narrative of what two hospitals are doing for the care of their sick graduates.

It has been the policy of many hospitals for a number of years to make some arrangement for the care of their graduate nurses in time of illness. And it is interesting to note that in two of the largest and most modern hospital plants, such provision has been made for the graduates of their training schools who need help during a sickness.

At Philadelphia General Hospital, henceforth, any graduate will be able to receive all possible comforts and care at her hospital if she returns to it when she is ill. The city of Philadelphia, in erecting the new buildings of Philadelphia General Hospital, is setting aside a suite of rooms for this purpose.

The policy of giving free hospital and nursing care to sick graduates has been in existence at Philadelphia General for some years. Shortly after the organization of the Alumnae Association, alumnae representatives approached the Director of the Department of Health in Philadelphia to ask permission for the giving of free medical care in the hospital to its sick graduate nurses. The Board of Health approved this project and promised to take into consideration, also, the advisability of setting aside quarters for these nurses who at that time were housed in the quarters occupied by the students.

This project proved impossible because of the over-crowded conditions at the hospital, but the city was reminded constantly of the need for space in which to care for these sick graduates. The power of persuasion—largely on the part of the then Medical Director, Dr. Joseph C. Doane, and of the Superintendent of Nurses, S. Lillian Clayton—proved effective. When plans were made for the new hospital buildings, adequate provision for the care of the sick graduate nurses was included.

The suite set aside for this purpose

virtually is ready for occupancy. It consists of three single rooms, a bath, and foyer. The furnishings are the gift of the Alumnae Association which has been so successful in raising funds that the rooms contain all appointments necessary for the care and comfort of the patients.

The agreement with the hospital provides medical, surgical, and nursing service, without compensation, for any graduate of the Philadelphia General training school returning to her hospital for care. Student nurses and student dietitians obtain part of their training on this floor, but if the illness of the nurse warrants a special nurse, this service becomes her only expense. The Alumnae Association, as its part of the agreement, will maintain the appointments of this graduate nurse suite.

Hospital care similar to that given the graduate nurses of Philadelphia General Hospital is given, also, to any physician whose internship has been served there. The former internes of the hospital have equipped a suite for that use directly across the main hall from the suite set aside for the nurses. It is interesting to note the strictly masculine influence in the furnishings of the foyer of this suite, a considerable contrast to the daintily appointed little reception room of the nurses across the way.

On the same floor with these two suites is the ward for the care of sick student nurses. There are a room and bath, also, which are used for isolation cases among nurses who are suspected of, or who have contracted, a contagious disease.

The care of its graduates is part of the general health program of the hospital, a program which begins on the day the prospective student nurse arrives to begin her training. Miss Clayton states that never in her experience in the hospital has the health of the student body maintained as excellent a standard as now, a fact she attributes to the frequent health examinations and the resultant measures taken to ensure the health of the nurses.

The entire plan for the care of the nurses of Philadelphia General Hospital, of which the suite for sick graduates is the latest step, is an admirable example, say those closely in touch with the work, of the results possible through coöperation. Only by willingness on the part of the city, the hospital authorities, and the alumnae could this significant step have been taken for the care of the graduate nurses of the Philadelphia General Hospital.

A somewhat similar plan is in operation at Presbyterian Hospital, New York City, which, in its new buildings as part of the great Medical Center, has set aside three rooms in Harkness Pavilion for the care of sick graduate nurses. One room was endowed jointly by the hospital and the alumnae for $50,000, the hospital having given $20,000 after the condition had been met that the alumnae give $30,000.

This room is set aside for the use of the graduates of Presbyterian Hospital but the other two rooms may be used by graduates of any recognized school of nursing, having been endowed by friends of the Hospital. The only expenses incurred by the patients occupying these endowed rooms, are those for clinical work, which, however, is given them at clinic rates, and for special nurses should such be necessary.

The third floor of Harkness Pavilion where these endowed rooms are located, is set aside entirely for the use of nurses and the professional staff. There are wards and cubicles for the

use of student nurses and others of the staff who are ill, and at Presbyterian Hospital, also, are three Red Cross rooms for sick nurses which, for some years, have been located in that hospital. So with all these accommodations, it is virtually true that any graduate nurse of an accredited school can be cared for in illness under one or another of the arrangements made at the Presbyterian Hospital for the sick nurse.

For its own membership, the Alumnae Association maintains a benefit fund whereby financial assistance is given in the form of benefits or loans in such emergencies as the illness of a member. This fund, in early 1928, had reached nearly $80,000.

Then there is the Pension Fund of this enterprising alumnae organization which totals somewhere in the neighborhood of $190,000. This pension plan originally gave to each participating alumna the sum of $300 at the age of 60 years, but this program has been revised and now the amount of the pension is adapted to the needs of the nurse.

How many other hospitals in the country are conducting similar schemes for the help of their sick graduate nurses, is not known. The Nursing Activities Committee of New York County Chapter, American Red Cross, wrote, in 1927, to forty-three hospitals regarding the care of their sick nurses. From the replies of thirty-eight hospitals, the following information was obtained:

Thirteen hospitals gave free care and nineteen hospitals gave a discount to their own graduate nurses. Three hospitals gave free care and ten allowed a discount to graduate nurses of other hospitals. Twenty hospitals maintained in their alumnae associations a sick benefit fund and nine hospitals had endowed beds or alumnae rooms. One hundred thirteen nurses had applied for help in sickness to the thirteen hospitals which gave a record of the number.

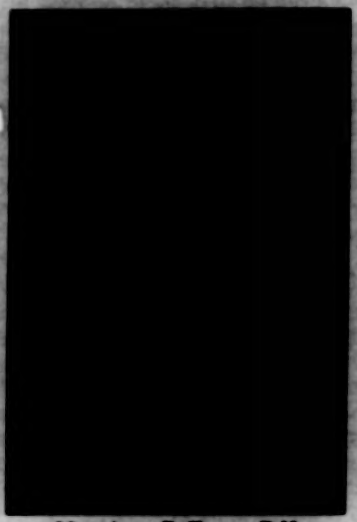
None of these hospitals was in Manhattan, New York City; all were scattered over various areas of the United States. This being true, it seems evident that these findings are characteristic of the attitude of hospitals throughout the country. Let the nurse who thinks she is not considered take heart. Let the nurse who is numbered among the workers for the good of her profession take pride in present accomplishments. For it seems beyond question that hospitals and alumnae do care enough for their graduates to take definite and costly measures for their help in illness. Hospital and alumnae associations combine their resources, the Alma Mater standing with welcoming arms to receive the nurse in her sickness and to nurse her to health, the alumnae offering in this emergency, as always, the comradeship and coöperation of their loyal association.

Diphtheria Prevention

TEAM work between the physicians and public and private agencies in both New York City and State will eventually eradicate diphtheria. The up-state campaign has been going vigorously forward for three years, under the joint direction of the State Departments of Health and Education, the State Medical Society, the Metropolitan Life Insurance Company and the State Charities Aid Association. The campaign in New York City, organized more recently, is proceeding vigorously and effectively. The concerted effort to wipe out the needless disease diphtheria and to save the lives of thousands of children is one of the outstanding public health movements of the day. Immunization with toxin-antitoxin is an effective preventive. It is a method approved by the highest and most conservative medical authorities.—By Homer Folks, in a bulletin of the New York City Department of Health.

A History in the Making

ONE of the best known colored nurses in this country, Mrs. Adah B. Thoms, R.N., is working on a history of the work of colored nurses and is eager to secure



Mrs. Adah B. Thoms, R.N.

letters, records, reports, newspaper clippings, or other material which will help to make the work comprehensive and authentic. Nurses everywhere are urged to aid Mrs. Thoms in her interesting and important task.

After graduating from the Lincoln Hospital School of Nursing, Mrs. Thoms remained there as surgical supervisor. Educated in public and normal schools in Richmond, Virginia, and with various postgraduate courses in public health and philanthropy to her credit, Mrs. Thoms approaches her task with a broad and sympathetic background of experience. Mrs. Thoms served as president of her Alumnae Association and of the National Association of Colored Graduate Nurses for many years. She represented her school at the International Congress of Nurses at Cologne, Germany, in 1912.

Address material to Mrs. Adah B. Thoms, R.N., 317 West 138th Street, New York City.

An Interesting Will

EARLY in April, Chicago papers announced the death of Dr. Homer M. Thomas and devoted considerable space to the terms of his very unusual will. Although the doctor left a son, the bulk of his half million dollar estate was left for the establishment of a trust fund. The income of this fund, according to the will, is to be used for "the charitable purpose of assisting protestant unmarried female graduated trained nurses of the white race residing in Chicago, Illinois, who may be in need of financial assistance." The will provides that the beneficiaries, other than the three nurses named in the will, shall be certified to the Trust Company by the Young Women's Christian Association or the Illinois Training School for Nurses. If the will stands (it is very likely to be contested) each check is to be accompanied by the following statement:

"The money distributed in this bequest is an accumulation of forty-five (45) years of active practice of medicine in Chicago. During that long period of active professional work I have become more and more convinced of the invaluable assistance the graduated professional nurse is to the doctor and his work. I have at all times found them capable, efficient, trustworthy and representing the highest ideals of professional service. The greatest inspiration of my life was the influence of my mother and it is my hope that this money may be distributed in a way to do great good and be of service to humanity."

Editorials

Grading Week: May 12-18

LAST month we announced that the Grading Committee was about ready for the first actual grading of schools. The hospital world now knows, through the hospital magazines, that the week of May 12 has been designated "Grading Week." The reasons for a grading week and for that particular week are obvious. The forms must be filled out almost simultaneously all over the country to be of real value for comparison, for this is to be a comparative grading and not a measurement by a theoretical yardstick. May twelfth is the anniversary of the birth of that "passionate statistician," that leader of the crusade for good nursing, Florence Nightingale. Let those who have forgotten the zeal with which she searched for the actual facts on which to base acts, read Mary Raymond Shipman Andrews' "A Lost Commander, Florence Nightingale." The book was written "to trap for the general reader the interest and the thrill of the dramatic life which the book is about." Whether by accident or design, it comes at an opportune time to put heart in those who are faltering by the way in these troublous times of adjustment of old educational forms to new demands upon nurses, for it is not possible to read the book unmoved by swelling pride in the profession which she founded and by an urgent desire to be a worthy follower.

Like strains of martial music, the message of page after page rings out to the nurse reader, "Carry on!" We commend it especially to those administrators of schools of nursing who, reading the plans for the first grading and already a little weary with "the burden and the heat of the day," have permitted themselves to wonder if it is all worth while.

It is enormously worth while! The first grading offers unparalleled opportunity for securing a diagnosis which will be guarded with professional secrecy worthy of the medical profession itself. Some schools will receive a report of splendid health, some will have only minor defects, some will have serious weaknesses pointed out.

All will have an opportunity to improve before any findings are made public. What a challenge to the pride and loyalty and devotion of the nurses in the various schools. What a challenge to effort, effort to place the name of the school with those worthy to be named in public, a year from now, when the absence of a name from the list published by the Grading Committee will mean either definitely poor quality or lack of energy and ambition to fill out the various forms, itself an indication of flabby fibre.

The Grading Committee promises absolute secrecy for the first grading. It cannot control the utterances of the schools after each school graded has received its confidential report. There is nothing in the world to prevent the schools which receive a good rating *this* year from saying so and, human nature being what it is, and pride in real achievement a not

unworthy motive, we suspect that ere many months prospective students will be hearing that *this* or *that* school received a high rating from the Grading Committee. The effect on prospective students, who each year become more alert in evaluating schools, will be important. Wise administrators, therefore, will not delay, they will plan at once to devote a considerable part of the week of May 12 to compiling data for the Committee. It is one of the times when small schools will have reason to congratulate themselves, for the task of the large schools is really rather formidable. The plan of grading is outlined on page 554 of this issue. You who read will find the package of forms in your mail almost immediately. Lesser folk will be tempted to consign them to the waste basket. If they do they will condemn themselves. Energetic, ambitious, thoughtful people, those worthy of the name of hospital superintendent or principal or superintendent of nurses, may heave a sigh but they will tackle the job, and they will put it through, for in this way, and in this way only, can they receive the recognition which is their due.

The League Convention

ALTHOUGH the National League of Nursing Education is thirty-five years old and the American Hospital Association is not very many years its junior in point of organization, they have never before met concurrently or on a coöperative basis. It is no secret that there have been some more or less traditional antagonisms between hospital administrators and nurse educators. The invitation, therefore, from the American Hospital Association to the League to meet simultaneously with it at Atlantic City, and the acceptance of the invitation by the League, are much more than mere diplomatic gestures. The meetings will afford extraordinary opportunities for the discussion of mutual problems and for each group to gain fresh appreciation of the other's point of view. Primarily the joint programs are an effort to show the representatives of other countries, who are expected to remain over for these meetings after the adjournment of the first meeting ever held of the International Hospital Association, a total picture of the work of American hospitals.

A glance at the programs, particularly that on the inter-relationships of the departments, indicates the opportunity for promoting understanding at home; a significant factor, since understanding is the true basis of accord.

Headed by Mary Marvin, a large committee of instructors is working out the details of an exhibit which the League is preparing at the request of the Hospital Association. It will show the importance of a sound educational program as a basis for the actual care of the patient. The Hospital Association is giving prominent space in the educational exhibit section of the auditorium to this display, and it is expected to attract much attention.

The meeting of the International Council of Nurses in Montreal, in July, is of such widespread interest to nurses that it may tend to limit attendance at Atlantic City, since not all interested persons can attend both. Probably those who are searching for the answers to specific problems will go to Atlantic City, and those who seek the inspirational values of participation in a world-wide professional congress will choose Montreal. On this basis, those who go to Atlantic City will be more than repaid.

The League's own program, aside from the joint sessions with the Hospital Association, is of unusual interest. The program on staff education, alone, should justify the attendance of those who are earnestly seeking to improve nursing service in hospitals.

Many nurses are planning to attend both the Atlantic City and the Montreal meetings. To all such nurses, National Headquarters extends the most cordial invitation to stop over at some time during the two weeks' interval. It should give the directors, the editors, and the staffs at Headquarters, a marvellous opportunity to glean first-hand information on important professional activities in various parts of the country. It should also give an opportunity to show to some of those who support its activities, how Headquarters really works.

College Girl Chooses Nursing

COLLEGE girls have been choosing to enter nursing for many years. Why then take note of one particular young woman? Because, under the title "An Adventure in Sincerity," an undergraduate at Vassar defends her choice of nursing, when those about her are choosing social service, journalism, teaching and research, in so interesting a fashion that the *Vassar Quarterly* devotes eight pages to the essay.

This ardent and thoughtful young woman comes from a college that has given our profession a few of its most eminent nurses and, through the Vassar Camp, set others on the path to professional achievement in nursing. She justifies her choice, not on the basis of the value of a college education in nursing, but on the value of an education that will enable her to live abundantly while nursing.

The problem, as she sees it, is frankly stated. "Shall I, or anyone like me, obey a desire to enter a profession in which my background and education will be of no apparent use to me?" With equal frankness she concludes: "I know that being a college graduate will not make me a good nurse, but being a college graduate and a nurse may help me to be what I want to be," a conclusion based on the assumption that her education will help her to appreciate good craftsmanship and make her so discriminating that she will know her job well and, knowing it well, love it.

We are not astonished that she has not grasped the significance of a good education as a background for nursing. Why should she, when most schools of nursing are willing to accept so much less than she has to offer? The really significant thing about that essay is the fact that the writer has laid bare one of the most serious weaknesses of the profession today. In our absorption in our own work, we tend to forget or ignore the life going on about us and then are fretted by lack of understanding. Perhaps, if we contrived to live richer and more many-sided lives, presenting more points of contact to other social groups, we should serve our cause the better? Who knows?

That was the secret—a very open secret—of much of Miss Nightingale's extraordinary influence. In the infancy of modern nursing, only women capable of independent thinking entered the profession. Then, if we read history aright, there came a time when the independent type was none too cordially welcomed into our somewhat militaristic schools. Has the pendulum swung again? Will this young woman and others of her kind be welcome in schools of nursing? We know they will and that, if their choice of schools be fortunate, they will be encouraged to find in

nursing full scope for their richest qualities of mind and heart and an opportunity for an ever-deepening stream of intellectual endeavor, not only in amplifying and perhaps revamping the older and more traditional types of nursing, but in some of the, as yet, almost untilled fields of prevention, alleviation and cure.

Records

"RECORDS will be the death of me yet!" It's an old complaint and oft repeated. It is made by those who have not realized the value of recording facts and achievements in order to measure progress. It is made, too, by those whose gifts lie in other directions, but that is no longer an alibi.

All over this country there are nurses who have had quite unnecessary difficulties in securing university courses, or even positions, because their schools failed to keep adequate records. More than one laudable ambition has actually died stillborn because no proper record of training could be secured.

Many a school is going to have an unnecessarily difficult time in filling out the Grading Committee's questionnaires because their records are incomplete.

With all these facts in mind, the Executive Secretary of the National League of Nursing Education for some time has been collecting material on records. She now offers, in this issue, a suggested set of training school records. She is extremely anxious to secure comment, suggestions, or criticism. Our readers are urged to look over the material in the Department of Nursing Education and to communicate at once with Miss Gage. When the records have received the approval of a sufficient number of qualified persons, it is planned to have them printed in quantity so that orders may be placed by the schools for record forms which may be used with confidence and in the hope of developing definite standards.

The Power of Purpose

"ALL the richness and nobility of human life, all man's heroism and genius are made possible by this fundamental tendency to gather up the past and the distant; to shape it into a plan and this plan into a new act. This is the power of purpose which makes man capable of freedom and of progress." —"Everyday Ethics" by Ella Lyman Cabot.

Eminent Teachers

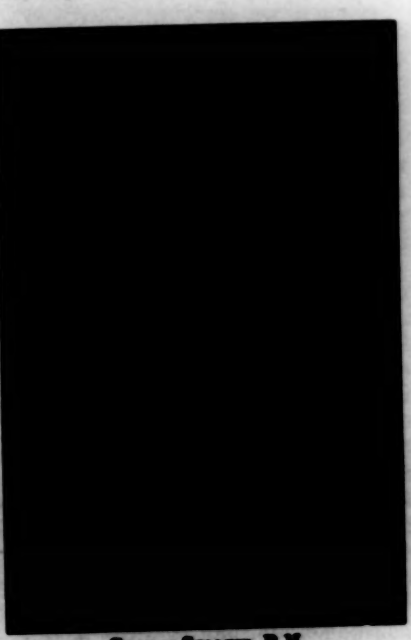
Gladys Sellew, A.B., B.S., A.M., R.N.

LAURA R. LOGAN, R.N.

THE tendency in modern professional education is to point the way to fundamental truths as they apply to the solution of the social problems of our day. It is this scientific method that Gladys Sellew as a teacher has employed in the solution of many educational problems in the nursing profession in advance of many teachers, not only in her own but in other professions.

The character of her achievement is no doubt largely due to the combination of a rare scientific and cultural background. Her English, Irish and French ancestry probably accounts for an unusual staunchness of character combined with sympathy and humor. Reared in a home where leisure for thought and interest in ideas abounded, Miss Sellew early exhibited an interest in human beings and the solution of their problems.

Ten years of social service work in the Cincinnati University Settlement and in the Cincinnati General Hospital Social Service Department constituted a background of first-hand acquaintance with many of the problems which confront humanity. Upon this foundation a sound preparation in such undergraduate sciences as psychology, sociology and economics at the University of Cincinnati was laid. Added to this was her professional nursing education at the University of Cincinnati. Not satisfied to stop there,



GLADYS SELLEW, R.N.

Miss Sellew undertook research in medico-social problems, receiving her master's degree in economics.

Further professional experience and preparation came with the responsibilities of ward administration, supervision and teaching in the Cincinnati General Hospital and the University of Cincinnati School of Nursing. This initial administrative and teaching experience was enriched by close association with well known

pediatricians during a valuable period of reconstruction.

Into the making of this teacher of nursing went also the experiences which come with the building up of a university school of nursing in a city hospital in a war-time situation. Perhaps it was this part of Miss Sellew's preparation which makes her a teacher who knows how to turn to account emergency situations in the teaching of her students.

After a period of five years in the University of Cincinnati School of Nursing, as teacher and supervisor, Miss Sellew went to the Western Reserve School of Nursing to open the new Babies' and Children's Hospital. In this school she built up an ideal well-controlled laboratory for pediatric nursing teaching.

Miss Sellew's next and last move, up to the present time, brought her to the faculty of the Illinois Training School for Nurses where she again opened a teaching laboratory in the new 500-bed children's building at Cook County Hospital.

Here at the Illinois Training School for Nurses the greatest quality of her work in the eyes of those who know her best has been demonstrated, namely her ability to adjust herself to a situation in which were conditions such as obtain in a large general hospital and to bring to this field of work such practical help and knowledge that the situation has resolved itself into a very useful and valuable nursing laboratory for the care of infants and children and for the teaching of nurses. By analysing the field and seeking out the basic nursing essentials, the most important principles in the care of children were firmly laid down and established, so that sick children get well, marasmic babies gain, and students become skilled, enthusiastic and keen in their art under her democratic method of teaching—where, side by side with the students at the bedsides of little patients, herself a bedside nurse for the time being, she turns to account every means of coöperation with the students in the problems of nursing care before them.

Besides building up the teaching unit in the new children's hospital, her most notable work at the Illinois Training School for Nurses has been the giving of courses in the theory and practice of Ward Administration. In these classes the graduate students, supervisors and staff head nurses have worked out many practical ward nursing problems, thus contributing much of real value to nursing in addition to having been inspired with an enthusiasm for research.

The reach of Miss Sellew's influence in the profession has rapidly expanded, not only in the three schools in which she has taught, but it has also permeated the large number of affiliated schools. The procedures given to these affiliating students and to their home schools have gone a long way in standardising methods of nursing. Her textbook on "Pediatric Nursing" has been adopted by many schools. Her new book on "Ward Administration" will be published shortly.

Gladys Sellew outstandingly represents the swing of the pendulum to the side of better bedside nursing practice and its close correlation with theory. She is a shining example of what the larger viewpoint in the problems of social adjustment can accomplish. In addition, her untiring application of all her faculties to the solution of the problems of pediatric nursing and teaching account in no small measure for her success in this field and for the lasting impression which she has made upon so many of her students.

Department of Nursing Education

EDITED FOR THE NATIONAL LEAGUE OF NURSING EDUCATION BY NINA D. GAGE, M.A., R. N.

Records in the School of Nursing

NINA D. GAGE, M.A., R.N.

As we try to make our schools better and better, we need a picture of what we are doing, so that we may compare ourselves with other people. One means of such comparison is uniform records. If all schools had records of students' work in practically the same form, it would be much easier for the directors to form their own judgment of the position of their school as they saw how their records fitted in with those of other people. Records give us a bird's-eye view of the picture, which otherwise would be seen only bit by bit. A good record should be like a completed jigsaw puzzle and make a sensible whole out of scattered pieces. It should enable us to see the trees as a part of the woods, not obscured by them.

But a busy superintendent of nurses, in a small hospital, who is also director of a school of nursing, often carries in addition many other responsibilities like that of superintendent of hospital, dietitian, anesthetist, etc. Such a person may easily say she has no time to keep elaborate records. She is quite right. She has no time. Also the hospital or school of nursing in which she is working often finds it impossible to give her adequate clerical assistance. Consequently the records kept in her school must be of the simplest.

Yet records are needed, in justice to the students, both during their course and after their graduation. Proof is wanted, both before and after graduation, of the patients and treatments each student has seen. A report is needed of the health curve during the nursing course. Otherwise valuable opportunities may be lost and the State Board of Nurse Examiners will not have the records they need for either the students or the school.

We try to plan a well-rounded proportion of the student's time in each department of the hospital. Unless we can see at a glance where the time has actually been spent, we cannot know whether or not we have been following that plan. Before we know it, a nurse will have stayed too long on some service where she has been a great success, "because everyone hated to have her leave."

Graduates wanting to study or work in other places need some of their student records as credentials. The director herself wishes to keep in touch with her alumnae and have them in touch with the school. To do this she naturally needs records of where they go after graduation.

How can one busy woman have all these facts at her command? The secret lies in so arranging our system that the students themselves keep most of the records.

The Grading Committee will soon be asking for facts about our schools

and our students. Of course we shall want to be graded, to compare ourselves with others in our same line of work. How much easier for us to answer Grading Committee questions if we have a good record system which will save us weary hours of hunting for the facts which they think essential.

What are the records most needed, and most often asked for about the nursing student? Are they not:

I. Admission records:
   1. Name, age, personal history.
   2. Academic preparation for the school of nursing.
   3. Health history.
   4. Character and personality.
   5. Address, for quick reference by anyone, with no confidential facts exposed.

II. Records made in the school of nursing:
   1. Of classroom studies.
   2. Of nursing practice.
      (a) Clinical experience—on what service; number of cases.
      (b) Ward practice—days on duty.
      (c) Treatments as done, to be sure the student does not leave the school with some important treatment never done.
   3. Character and personality development.
      (a) Ward relationships.
      (b) Extra-curricular activities.

III. Records made after graduation:
   1. Efficiency record as a graduate, when employed in the hospital.
   2. Positions held.

These records can be so planned that they may be easily and accurately kept without taking much time of the busy director of the school, or necessitating many filing clerks. They can be easily and swiftly found when needed. They can be housed in neat and not too expensive files, which do not take a great deal of strength to open. The system now being suggested totals nineteen records, of which only five for pupil nurses and one for graduate nurses would be kept by the director of the school or her secretary. For a school of not more than seventy or seventy-five students, only six hours a month of the director's time, as an average during the year, will keep these facts ready for reference. Surely that is less time than many of us now spend gathering facts for state boards, and for answering questionnaires, etc.

If people in the same line of work can agree on enough general principles, most records can be of similar size, and standard files can be bought. Often printing of essential forms can be done in bulk, and our own local needs adapted to these, at great saving of expense in buying, and time in planning.

With these as general principles, what records will meet these needs for any school of nursing, regardless of its size?

As a beginning, for each student when accepted, start a manila folder with her name written with a specially broad "lettering pen," or a stub pen, with "water proof ink," so that it will stand out clearly. All names should be in the same location on the folders, right hand, center, or left hand, according to convenience. A separate drawer may be kept for each class or, in smaller schools, one drawer for the school, dividing the classes by guides with the name of the class on them, preliminary, junior, etc. As the students graduate or leave school, folders are moved to the alumnae or not-graduated file, or drawers, with no further effort.

To follow our outline, we want to record:

I. 1. *Name, age, personal history* of the student. Application
(A) blanks (A)—8½ inches by 11 inches is the standard size, and will conveniently fit the average files. Are any more facts necessary than are given on the accompanying blank? A plain card,

or sheet of paper with impressions of the personal interview, when it is held, will be useful for reference. It should require no special form.

2. *Academic preparation* will be
(B) given on the high school (B) or
(C) college (C) certificates, and can be filed conveniently in the student's folder. If the student has college work, no high school blank would be necessary, since she could not have entered college without proper high school credentials.

3. The *health history* up to the time of admission to the school of nursing should be given on the
(D) physician's and dentist's certifi-
(E) cates—(D), (E).

The HEALTH RECORD of the
(F) student *while in the school* (F) will probably be kept in a special small box on the health director's desk. Often the carpenter can make these boxes to order and of the right size, or they can be bought at a stationer's of heavy pasteboard, canvas covered. On graduating, or leaving school, this record is then transferred to the student's folder. Space is allowed on the back for notation of what happens during training. With a yearly physical examination, so easily provided for on this form, a definite watch of health can be kept. The monthly weight record is written graphically on the back of this sheet.

(G) A special form (G) for sending to the student when accepted will save considerable time for all concerned, in listing the necessary outfit, time she is to report, etc. Write in some personal greeting in the space left, to make it less cold and formal.

4. *Character and personality*
(H) (H). The original record is that sent in by the people whose names were furnished as reference by the student, and the record of the personal interview with the director of the school of nursing. (This is merely a notation on a blank slip of paper put among the student's papers.) The character and personality record continues with the monthly reports
(I) of the head nurse (I), and can be followed from the beginning for the picture of development. If monthly reports are not desired, but only one when the student leaves the service, these may simply be handed in at that time.

5. For *reference to addresses*, dates probationers are to report, and so on, by people who are not entitled to see the confidential records, or for quick reference by the director of the school, it is very convenient to have a few essential facts on a small card (S), and keep these in a drawer or box right at hand.

II. Records made in the school of nursing.

(J) 1. *Classroom studies* (J). A term by term record, in case of failures, is convenient, especially in arranging individual programs for special needs. This can be kept in a separate drawer, and eventually filed in the student's folder. As subjects are completed they can be entered on
(K) sheet (K) for the final summary.

2. *Nursing practice.* (a) *Record of clinical experience* (L)—Medical or surgical. The student can
(L) fill (L) out with patients cared for, and give it to the head nurse, who can check over the cases, and sign them. Let the student have duplicate records, so that she may keep one copy for her own information. The student can

then return one sheet to the director of the school. This means no work for the director but that of looking over the record and filing. At one class at the end of the course the student herself could total the cases on
(M) record (M) (medical or surgical), the summary sheet, which would be sent to the State Board of Nurse Examiners as part of the student's credentials for her examination for licensure. Since this is to be kept in triplicate (one for school files, one for the state board and one for the student herself), the student should fill out three copies.

(b) *Monthly record of days on*
(N) *duty* (N). This is filled in each month from daily records which are kept either by a day book or a simpler system which will often work better in a smaller place. The day book is ruled with spaces for each day of the month, with space at the left for the names of nurses to be written in on the first day. Every morning the director, or a secretary, marks the nurses' duty, using black ink for day duty, red ink for night duty, and green ink for evening duty. The ward may be put, in small letters, in the first square, and only noted again when changed.

As this system however, for a small hospital, without adequate clerical help, takes considerable time, a busy director may save time, and yet have the essential
(O) facts, by taking the card (O), 3 inches by 5 inches, with the date of entrance of the student to the school in the right-hand corner. As the student goes on duty, jot down ward and date. When she leaves, jot date, and her new ward.

At the end of the month, total days on the monthly summary sheet. This means putting down notations only as the student is transferred, and not every day. The same form is repeated on the reverse of the card, so the record may be used more economically.

For easy knowledge of the staff on each ward, keep these cards in small boxes (or file), with a box (or a division) for each ward. This takes the place of the board used by so many directors of nursing, with cards slipped in grooves to show location of staff, which also necessitates work in keeping up to date, and is only possible with a large staff.

Name: Mary Doe
Entered: September 1, 1927
Ward: I 1928, Jan. 1 to Feb. 16
Ward: II Feb. 16 to Mar. 17
ND Mar. 17 to Apr. 19

At the end of month total, January, thirty-one days in Gynecological Ward (or whatever service ward I covers). At the end of February total,

16 days gynecological service
12 days men's medical service

At the end of March total,

17 days men's medical day duty
14 days men's medical night duty, etc.

Have a similar card, of different color, for the graduate, so that there is a record of her service, too. If the nurse is ill, record that fact on the card, with the dates of going on and off duty.

(P) (c) *Record of treatments done* (P). This is especially convenient during the first year. Later it will be rarely used, except to be sure that the student has seen every treatment possible. It will be so often referred to that it is better to have it of cardboard, for better

wearing qualities. If kept in duplicate, one copy can go with the student to the ward for information to the head nurse, and one be kept by the instructor. Have the pupil responsible for filling in her copy and having it signed by the head nurse, as she does a treatment satisfactorily on the ward. When she has seen everything, she can return it to the office for her folder.

3. *Character and personality development.* (a) and (b) will be covered by the efficiency reports

(I) (I) and any remarks the director cares to make in the space reserved. They will require only a moderate amount of work in keeping up to date.

III. Records made after graduation.

1. *Efficiency record as a graduate* if employed by the school or

(R) hospital (R). This can be filled in by the director or supervisors after six months or a year of employment, and subsequent reports filled out as desired at longer intervals.

2. *Positions held.* It is very desirable to have records of the alumnae. As they let the school know what they are doing, it takes almost no time to jot down

(S) the notes on record (S) on the reverse side of the student date record. See I, 5.

For convenience of instructors, and for ease of recording attendance at classes, provide the instructors with slips on which they can hand in *names of absentees* each day after their classes. Only with easy means provided

(T) will this be done. Record (T).

Class books may be bought at any school supply house, and can be the same as those used in any school or college.

(U) (U) is used if and when students are sent away for *affiliations*, as a simple, quick means of reporting to the school which receives them.

We have now our total of nineteen records which will include the facts about each nurse, and prove invaluable in looking up records of former students by a director of many years incumbency, or by a new one just arrived at the school. Of these nineteen, only five, G, O, N, S, U, would be kept by the director, or her secretary, for the students; and one R, for graduate nurses.

G—is used only once for each student.

S—is filled out once, a notation made on acceptance, another on graduation, and one when the graduate changes her position. It will not, therefore, take much time.

J, K—are seasonal, not daily, records of studies and with a little explanation could be filled in by the student herself, who should know her own record.

A, B, C, D, E, H—would be filled out by the student or her doctor, reference, etc., *for admission.*

F—would be kept by the staff doctors, and health director, whoever she may be. If she is also director of the school, that is the penalty of being in a small hospital, but in that case she could often have the student write essential facts like weight, etc.

I—would be filled out by the head nurse.

P—(practical work sheet) would be filled out by instructor and head nurses, or by instructor, or by instructor and students, having head nurse sign demonstrations seen.

L—(clinical experience sheet) is filled in by the student and handed in to the office.

M—(summary of clinical experience) could be totalled by the student at the end of her course from the monthly (L) sheets.

N—the monthly record of days on duty is filled out at the end of each month from either the day book, or the card (O), which is only written on when duty is changed.

T—is for reporting absentees by the instructors.

U—is used only when students are leaving for affiliations.

R—would be filled out only occasionally for head nurses, as a part of the graduate file.

These records will all fit standard filing cases, with small drawers at the top of one file (unless boxes are used) for records (S) and (O). The number of files will depend on the size of the school, one four-drawer file being enough for a fifty-student school for ten years. Thus expense of filing equipment can be calculated.

Record forms, if printed in bulk and used by many schools, could be printed cheaply. If each school prints its own, expenses rise in proportion. The National League of Nursing Education will be glad to have records printed according to these forms if enough schools signify their desire for them, and if enough state boards approve them to make the work a feasible proposition.[1] Please write to the League, 370 Seventh Avenue, New York, and tell us your wishes.

Methods of installing the system, and of filing, will be taken up in detail in a further article, showing with how little trouble and expense the system can be started and used.

Forms for affiliating schools to use in reporting to the home school will be considered in a later article if the demand for records from the National League of Nursing Education seems to warrant such use of time and space. A study of certain other forms, such as students' case reports, narcotic reports, head nurses' day and night reports of patients' conditions, is also planned for the future.

A further article is being prepared on how the Director of the School of Nursing may budget her time so that she can not only keep the records for her school and her students, but in the end save valuable hours for other necessary work. If one's type of mind is such that she does not like to keep records, she will unconsciously put off the evil day of working on them as long as possible, thus in the end adding greatly to her troubles. With a definite time allocated to spend on records, she will be less apt to postpone, without knowing she is so doing, and so she can help herself against herself.

This next article will include not only suggestions for budgeting time, and for using these record forms for students, but on how to file general correspondence of the nursing office with the least expenditure of time, and with the assurance of finding material easily and quickly when needed. As many of us know from sad experience, letters are sometimes irretrievably lost in the files because we depend too much upon our memories as to where they were placed. With accurate planning this can all be avoided, and both time and nervous force saved for more necessary situations where they could be used to advantage instead of being wasted.

All suggestions will be gratefully received at Headquarters of the League, 370 Seventh Avenue, New York City.

[1] The records for actual use would be printed on sheets 8 in. x 11 in.

A

APPLICATION BLANK

Name of Applicant _____ Date _____

Home address _____

Nationality _____ Single, married, widowed, divorced _____ Religion _____

Birthplace _____ Date of birth _____

Name of nearest relative _____

(To be notified in case of illness, etc.)

Address of nearest relative _____

School attendance: Name	Location	Date of entrance	Date of leaving
Elementary School			
High School			
Normal School or Academy			
College (degree)			

Occupation since leaving school _____

Have you ever been a pupil in any school of nursing? _____ Dates in full _____

Name and address of superintendent of nurses in such school at the time of your being there:

_____

_____

Names and addresses of two people, not your own relatives, for reference:

_____

_____

_____

_____

Signed _____

Address _____

B

CERTIFICATE OF HIGH SCHOOL STUDY

(To be filled out and signed by the principal or some other authorized officer of the high school. These records are considered confidential.)

This is to certify that the applicant, M_____ Year of birth_____

(1) Was a student in_____ at_____
(Name of secondary school) (Location)

For a period of_____ years, beginning_____ 19____ and ending_____ 19____

(2) Was duly graduated in_____ 19____, in the 1st, 2nd, 3rd, or 4th quarter of the students, by comparative ratings.

(3) Or completed satisfactorily the subjects indicated below and left in good standing:

First Year	Subjects	Weeks a year	Periods a week	Minutes a period	Standing per cent
All studies, whether completed or not completed					
Date_____					
Second Year					
All studies, whether completed or not completed					
Date_____					
Third Year					
All studies, whether completed or not completed					
Date_____					
Fourth Year					
All studies, whether completed or not completed					
Date_____					

Date_____, 19____

Signed_____

What college accrediting board accredits this school?_____

Official Title_____

C

CERTIFICATE OF COLLEGIATE OR PROFESSIONAL STUDY

(To be filled out and signed by some authorized officer of the College or Normal School)
(Additional blanks may be secured if more than one institution is attended)
(These records are considered confidential)

This is to certify that the applicant, M_____

(1) Was a student in_____ at_____
(Name of institution) (Location)

For a period of____ years, beginning_____ 19____, and ending_____ 19____

(2) Completed satisfactorily the subjects indicated below, and left in good standing.

(3) Was duly graduated therefrom with the_____ degree / diploma in the year 19____

Subject	No. of semesters studied	Units of credit	Subjects	No. of semesters studied	Units of credit

How many "hours", "points", or "credits" are required for obtaining a degree or for graduation at above-named institution?_____

How did the above student stand, comparatively, in her class, in the 1st, 2nd, 3rd, or 4th quarter by rating?_____

Have any mental tests been given this student, and if so with what result?_____

Signed_____

Official Title_____

Date_____, 19____

D

STATEMENT OF FAMILY PHYSICIAN

Name of applicant_____

Exact date of birth_____ Height_____ Weight_____

What serious illnesses has the candidate had?_____

What operations?_____

What infectious diseases?_____

Is she subject to headache?_____

Is she subject to throat disorders?_____ Has she a chronic cough?_____

Is she subject to digestive disorders?_____

Is she subject to ovarian or uterine disorders?_____

What is her heredity, especially in relation to tuberculosis, epilepsy, or mental disease?

Is her menstrual function regular and normal?_____

Is breath odorless or otherwise?_____ Skin?_____ Any tendency to eczema?_____

Is her hearing good?_____

Were eyes ever examined?_____ When?_____ Does she wear glasses?_____

Has she been successfully vaccinated within the last year for smallpox?_____

_____ typhoid_____

Has she any physical defect which might interfere with the work of nursing?_____

Have you carefully examined the applicant?_____

Do you recommend her admission to the school?_____

Signature_____, M.D.

Residence_____

Date_____, 19____

E

STATEMENT OF FAMILY DENTIST

This is to certify that the applicant, M._____

on_____ 19____, came to me for an examination of her teeth, which I found to be in_____ condition. I have since then given treatment necessary.

Signed_____, D.D.S.

Address_____

Date_____, 19____

F

HEALTH RECORD (Face or Reverse)

Name _____ Entered School, Date _____

Try to have examination each year as nearly as possible in the same month.

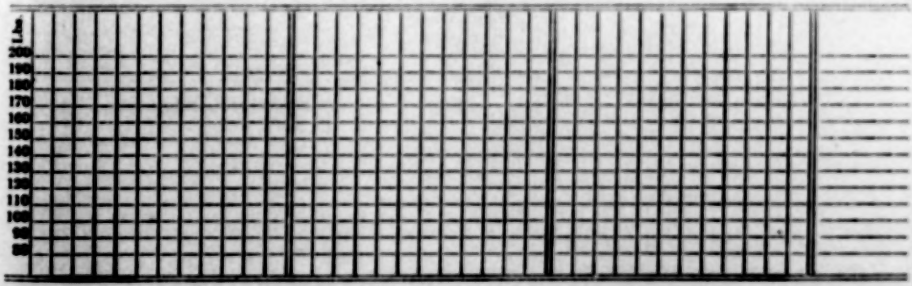
Day _____ Month _____	19__	19__	19__	Day _____ Month _____	19__	19__	19__
Height				Feet			
Weight				Chest—Heart			
Sitting height				B. P.			
Span				Lungs			
Lung capacity							
Schick test				Abdomen			
Dick test				Spleen			
Color, anaemic, or rosy				Skin			
dark under eyes				Glands—Cervical			
Posture erect				Uterine disorders			
stooping				Laboratory			
Spine straight				Urine Sp. Gr			
curvature				Alb.			
Nose-ant. chest				Sugar			
Mouth—Teeth				Blood-Hgb.			
Tonsils				Vaccines—Typhoid			
Adenoids				Smallpox			
Eyes—Vision				Diphtheria—AT			
Defects				TA			
Ear				Scarlet Fever			

TREATMENT AND WEIGHT RECORD (Reverse or Record)

Date:

Wt. Months (write in name and year)

Remarks:



_____ School of Nursing

_____

_____

Date _____

My dear Miss _____

You have been accepted as a preliminary student in our School of Nursing. Please report sometime on the day _____. You will begin class appointments the next morning at seven o'clock.

Bring with you as your part of the equipment to be furnished:

_____ Plainly made frocks of blue cotton[1]

The bottom of the skirt should be _____ inches from the floor.

_____ Aprons with a _____ inch hem, the bottom of which shall be _____ inches from the floor.

_____ Complete suits of plainly made underwear, which will withstand a machine laundry.

_____ Plain slips of white cotton for wear under the uniform.

_____ Pairs of plain black calfskin oxford shoes, with low heels.

Watch with second hand—not a wrist watch.

Hair nets to keep the hair neat at all times.

Other equipment will be provided by the School of Nursing.

When you arrive please ask for the School of Nursing, and you will be taken to your room.

Very sincerely

_____

Director of the School of Nursing.

[1] Note to school: if the school furnishes these frocks, omit this line.

M

FIRST PAGE

_____ School of Nursing

_____

_____

_____

_____

_____

_____

_____

Miss _____ has applied for admission to this School of Nursing, and has given your name as reference. As you know, the work of nursing needs young women of great strength of character, fidelity, intelligence, and a good fundamental education, with good health, mental and physical. They should be of quite as high a calibre and have the cultural background of teachers, since all nurses must teach their patients, as well as care for them.

In order to help us in choosing such women for our school, would you be good enough to answer the questions on the third page, and to give us, on the second page, any information which you think would assist us in placing this candidate in our school?

Very sincerely yours,

_____

Director of School of Nursing.

THIRD PAGE

1. How long have you known the applicant? _____

2. In what capacity have you known the applicant? _____

_____

3. Has she any characteristics which would appear to disqualify her for the work of nursing? _____

_____

4. Would you want her as a nurse in your own family, after her graduation? _____

_____

5. Has she the cultural and educational background you would want in a teacher? _____

_____

_____

6. General remarks: _____

_____

_____

Signed _____

Address _____

_____

MAY, 1920

I

_____ School of Nursing

Student _____ Month _____ Year _____

Ward _____ Service _____

Personality				Professional Status			
Above average Average Below average } Circle the one which applies: A.A. A. B.A.							
Enthusiasm	A.A.	A.	B.A.	Accuracy	A.A.	A.	B.A.
Sympathy	"	"	"	Punctuality	"	"	"
Even temper	"	"	"	Neatness in work	"	"	"
Tact	"	"	"	Rapidity of work	"	"	"
Adaptability	"	"	"	Reliability	"	"	"
Sense of humor	"	"	"	Conscientiousness in detail	"	"	"
Resourcefulness	"	"	"	Executive ability	"	"	"
Common sense	"	"	"	Technical work	"	"	"
Culture	"	"	"	Professional attitude	"	"	"
Industry	"	"	"	Attitude toward criticism	"	"	"
Dignity	"	"	"	Initiative	"	"	"
Personal appearance	"	"	"	Loyalty	"	"	"
Courtesy	"	"	"	Memory	"	"	"
Cheerfulness	"	"	"	Power of observation	"	"	"
Ability to win cooperation	"	"	"	Interest in work	"	"	"
Ability to stimulate associates	"	"	"	Attitude toward patient	"	"	"
Maturity	"	"	"	Talkativeness	"	"	"
Nervous stability	"	"	"	Self-centeredness	"	"	"
Languidness	"	"	"	Respect for authority	"	"	"
Aggressiveness	"	"	"	Teaching ability	"	"	"
Diffidence	"	"	"	Acceptability to patients	"	"	"

Signed _____

Head Nurse or Supervisor

J

TERM RECORD (Face of Record—Reverse Side the Same)

Name _____ Class _____ _____ School of Nursing

Year	Semester	Subject	Instructor	Hours			Grades			Remarks
				Lect.	Class	Lab.	Class	Exam.	Final	

CLASS RECORD

Name _____ School of Nursing _____

Subjects	Hours of Instruction															Rating			Class Rank	State Board	
	Prelim.			First Year			Second Year			Third Year			Total							Rating	Date
	Lect.	Class	Lab.	Lect.	Class	Lab.	Lect.	Class	Lab.	Lect.	Class	Lab.	Lect.	Class	Lab.	Class	Exam.	Final			
Anatomy and Physiology																					
Bacteriology																					
Biology																					
Chemistry																					
Communicable Diseases																					
Dietetotherapy																					
Drugs and Solutions																					
Ethics																					
Eye, Ear, Nose, Throat																					
Gynecological Nursing																					
Historical and Social Basis Nursing																					
Hygiene—Personal																					
Massage—Elementary																					
Materia Medica																					
Medical Nursing																					
Mental Nursing																					
Nutrition and Cookery																					
Obstetric Nursing																					
Orthopedic Nursing																					
Pathology—elementary																					
Pediatric Nursing																					
Physics																					
Practical Nursing																					
Professional Problems																					
Psychology—Applied																					

Joined Alumnae Association Date _____

" Red Cross Nursing Service " _____

" other organizations " _____

_____ " _____

_____ " _____

6

CLINICAL EXPERIENCE—MEDICAL (Face or Record)

Name _____ Class _____ Month _____ Year _____

Disease	Days of Month 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	No. of Cases	Days Cared For
Abscess—Brain			
Liver			
Miscellaneous			
Addison's Disease			
Anemia—Secondary			
Pernicious			
Aneurism			
Apoplexy			
Arteriosclerosis			
Arthritis			
Asthma			
Bronchitis			
Cardiac Disease			
Angina Pectoris			
Colitis			
Communicable Disease			
Chicken pox			
Colds			
Conjunctivitis			
Diphtheria			
Dysentery			
Bacillary			
Amebic			
Endocarditis			
Erysipelas			
German Measles			
Impetigo Contagiosa			
Influenza			
Measles			
Mumps			
Neuralgia			
Neurasthenia			
Parenchymatous Fever			
Pleurisy			
Pneumonia-broncho-lobar			
Poliomyelitis			
Rheumatism			
Rubella			
Scarlet Fever			
Septic Sore Throat			
Smallpox			
Syphilis			
Tetanus			
Tuberculosis			
Typhoid Fever			
Undulant Fever			
Vincent's Angina			
Ulcer			
Diabetes			
Drug Addiction			
Hernia			
Nephritis			
Rickets			

Put diagonal line (/) in a square each day that you care for a patient with the given disease. Put a double diagonal (×) when you care for a new patient. At the end of month total patients and days cared for, and get your supervisor or head nurse to sign. Then give to Director of School of Nursing.

Put diagonal line (/) in a square each day that you care for a patient with the given disease. Put a double diagonal (//) when you care for a new patient. At the end of month total patients and days cared for, and get your supervisor or head nurse to sign. Then give to Director of School of Nursing.

CLINICAL EXPERIENCE—MEDICAL (Revenue or Recent)

Name _____ Class _____ Month _____ Year _____

Disease	Days of Month																													No. of Days	Grade
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
Kidney																																	
Tuberculosis																																	
Cardiac																																	
Cardiac Class																																	
Cardiovascular conditions																																	
Cerebral																																	
Circulatory																																	
Diabetes																																	
Epilepsy																																	
Gall Bladder																																	
Gall Calculus

L

CLINICAL EXPERIENCE—SURGICAL (Face or Recto)

Name _____ Class _____ Month _____ Year _____

Surgical Cases	Days of Month 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	No. of Cases	Days Cared for
Abscess			
Adenitis			
Appendicitis			
Burns			
Amputation—Breast			
Limb			
Calculus—Biliary			
Prostatic			
Renal			
Carbuncle			
Carcinoma			
Breast			
Cervix			
Stomach			
Tongue			
Cellulitis			
Cholecystectomy			
Circumcision			
Colectomy			
Colostomy			
Curettage and Curettage			
Cystectomy			
Cystoscopy			
Dressing Operations			
Ear Operations			
Enterectomy			
Enterostomy			
Epididymectomy			
Fistula			
Gastrectomy			
Gastroenterostomy			
Goiter			
Hernia			
Hydrocele			
Hysterectomy			
Ileostomy			
Intestinal Obstruction			
Kidney			
Laparotomy			
Mastectomy			
Nephrectomy			
Nephrostomy			
Orchidectomy			
Osteomyelitis			
Pancreatectomy			
Pneumonectomy			
Prostatectomy			

Put diagonal line (/) in a square each day that you care for a patient with the given disease. Put a double diagonal (//) when you care for a new patient. At the end of the month total patients and days cared for, and get your supervisor or head nurse to sign. Then give to Director of School of Nursing

days cared for, and get your supervisor or head nurse to sign. Then give to Director of School of Nursing

M.S.L. 8929

6.

CLINICAL EXPERIENCE—SURGICAL (Revenue or Recess)

Name _____ Class _____ Month _____ Year _____

Surgical Cases	Days of Month 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	No. of Cases	Total Hrs.
Gall Bladder			
Stomach			
Intestines			
Appendix			
Hernia			
Tonsils and Adenoids			
Tracheotomy			
Ear—Various			
Varicocele			
Wound—Sick			
Clotted			
Lacerated			
Scalp			
Orthopedic Cases			
Oral Cases			
Baby			
Nose			
Spleen			
Club Foot			
Bone Transplantation			
Tuberculosis			
Fractures			
Femur			
Humerus			
Skull			
Tibia			
Fibula			
Ribs			
Ulna			
Miscellaneous			
Peritonitis			
Pott's Disease			
Hereditary Conditions			
Scoliosis			
T. B. Ops.			
Observance			
Cesarean Section			
Forceps—High			
Low			
Version			
Dessimination			
Miscellaneous			

Date _____ Signed _____
Supervisor or Head Nurse

88

SUMMARY—CLINICAL EXPERIENCE—MEDICAL

Name_____ Class_____

Disease (Medical)	No. of Cases	Days Cared for	Disease (Medical)	No. of Cases	Days Cared for	Disease (Obstetric)	No. of Cases	Days Cared for
Abscess—Brain								
Liver						Abortion—Accidental		
Miscellaneous			Diabetes			Therapeutic		
Addison's Disease			Drug Addictions			Eclampsia		
Anemia—Secondary			Embolism			Normal Pregnancy		
Pernicious			Enteritis			Abnormal		
Aneurism			Epilepsy					
Apoplexy			Furunculosis					
Arteriosclerosis			Gastritis					
Arthritis			Gastric Ulcer					
Asthma			Genito-urinary Conditions					
Bronchitis			Cystitis					
Cardiac Disease			Glomerulus			Nursery		
Angina Pectoris			Nephritis			Newborn		
Colitis			Pyelitis			Premature		
Communicable Disease			Renal Calculus			Miscellaneous		
Chicken pox			Renal Colic					
Colds			Uremia					
Conjunctivitis			Vaginitis					
Diphtheria			Gout			Miscellaneous		
Dysentery			Hodgkin's Disease					
Amebic			Hypertension					
Bacillary			Hyperthyroidism					
Epid. Enceph.			Intestinal Stasis					
Erysipelas			Malnutrition					
German Measles			Measles					
Impetigo Con			Mental Condition					
Influenza			Nervous Affections					
Leprosy			Chorea					
Malaria			Hysteria					
Measles			Neuralgia					
Meningitis			Neurasthenia					
Mumps			Neuritis					
Paratyphoid Fever			Mental Disease					
Pertussis			Paralysis					
Pneumonia			Pleurisy					
Broncho-			Poisoning					
Lobar								
Poliomyelitis								
Rabies			Radium Treatment					
Ringworm								
Scarlet Fever								
Septic Throat			Rheumatism					
Smallpox			Septicemia					
Tetanus			Miscellaneous					
Trachoma								
Trichinosis								
Tuberculosis								
Typhoid Fever								
Undulant								
Vincent's Angina								

88

SUMMARY—CLINICAL EXPERIENCE—SURGICAL

Name _____ Class _____

Surgical Cases	No. of Cases	Days Cared For	Surgical Cases	No. of Cases	Days Cared For
Abrasions			Rib Resection		
Adenitis			Rectocele		
Appendicitis			Salpingitis		
Burns			Submucous Resection		
Amputation—Breast			Thyroid		
Limb			Tonsilectomy and		
Calculus—Biliary			Adenoidectomy		
Prostatic			Trachelorrhaphy		
Renal			Ulcer		
Carbuncle			Varicose		
Carcinoma			Varicocele		
Breast			Wound—Stab		
Uterus			Gunshot		
Stomach			Lacerated		
Rectum			Scalp		
Cellulitis			Orthopedic Cases		
Cholecystotomy			Cast cases		
Circumcision			Body		
Cystocele			Spica		
Cystotomy			Splint		
Dilatation and Curettage			Clubfoot		
Empyema			Bone Transplantation		
Enterorrhaphy			Dislocations		
Epithelioma			Fractures		
Exploratory operations			Femur		
Eye cases			Humerus		
Fibroidectomy			Skull		
Fissure			Tibia		
Fistula			Fibula		
Gastro-enterostomy			Ribs		
Goiter			Ulna		
Hernia			Miscellaneous		
Hemorrhoidectomy					
Hernia			Pericystitis		
Hydrocele			Pott's Disease		
Hysterectomy			Sacroiliac Conditions		
Intussusception			Scoliosis		
Infections			T. B. Ops		
Streptococcus					
Gas-bacillus			Obstetric		
Colon-bacillus			Cesarean Section		
Miscellaneous			Forceps—High		
			Low		
Ingrowing toenails			Version		
Intestinal Obstruction			Decapitation		
Mastoiditis					
Nephrectomy					
Osteomyelitis					
Otitis Media			Miscellaneous		
Ovariotomy					
Perineorrhaphy					
Peritonitis					
Prostatectomy					

MONTHLY RECORD

Name: _____ Class: _____

First Year

Year and Month	Surgical												Medical						Children						Obstetrical		D.R.	D.C.	Ref.	L.A.	M.E.	O.P.D.							H.	Adv.	Va.
	Men			Women			O. R.			E. E. N. T.			Men			Women			Surg.			Med.																			
	D	E	N	D	E	N	D	N		D	E	N	D	E	N	D	E	N	D	E	N	D	E	N																	
Total																																								

Second Year

Total																																								

Third Year

Total																																									

O

Entered school _____

Name _____ Date _____

Duty. Wd.	Date assigned	Date left	Duty Wd.	Date assigned	Date left

P

RECORD OF NURSING PRACTICE (Face of Record)

Name _____ Class _____

Treatments	Class Dem.	Pupil Dem.	Ward	Treatments	Class Dem.	Pupil Dem.	Ward
Housekeeping duties				Administration of medicines			
Care of room and ward				By mouth			
Care of plants and flowers				By hypodermic injection			
Care of service room, bath, etc.				By rectum			
Care of linen room				By inunction			
Care of serving room				By inhalation (various methods)			
				By spray			
Beds							
Bed-making without patient				Charting, records			
Bed-making with patient							
Ether bed				Gastro-intestinal treatments			
Care of beds and bedding				Simple enema			
				Stimulating enema			
Admitting patients				Oil enema			
Care clothing and valuables				Carminative enema			
Stretcher patient				Emollient enema			
				Nutritive enema			
Making patients comfortable				Barium enema			
Moving and lifting in bed and to chair or stretcher				Rectal tube			
Use of pillows, pads, air cushions				Proctoclysis-enteroclysis			
Use of back rest-cradles, etc.				Test meals			
				Expression gastric contents			
Morning toilet				Gastric and nasal gavage			
Tub bath				Murphy drip			
Bed bath				Prep. for G. I. series X-Ray			
Special care of mouth, back							
Special care of hair (shampoo)				Surgical nursing procedures			
Special care for pediculi				Pre-operative care			
				Post-operative care			
Evening toilet				Application of binders			
				Sterilization and care of instr.			
Body elimination				Surgical dressings			
Giving bedpan				Adhesive strapping			
Collection of specimens				Plaster bandages			
				Extensions			
Temperature, pulse, respiration				Bradford frame			
				Splints			
Feeding patients, convalescent				Slings			
Feeding patients acutely ill				Strapping			

P

RECORD OF NURSING PRACTICE (Reverse of Record)

Name _____ Class _____

Treatments	Class Dem.	Pupil Dem.	Ward
Surgical nursing procedures—*cont.*			
Fracture board			
Sandbags			
Phlebotomy			
Blood culture			
Infusion			
Hypodermoclysis			
Lumbar puncture			
Thoracentesis			
Paracentesis			
Exploratory puncture			
Transfusion			
Counter irritants			
Stupes—plain			
turpentine			
medicated			
Mustard paste			
Mustard plaster			
Belladonna, etc., plaster			
Application Tr-Iodine, etc			
Poultices			
Medical aseptic technique			
"Precautions"			
Preparation for examination			
General			
Eye			
Ear			
Nose and throat			
Vaginal and uterine			
Proctoscopic			
Cystoscopic			
Gyne-positions			
Physiotherapy			
Application cold compresses			
Filling and applying hot water bag			
Filling and applying ice cap			

Treatments	Class Dem.	Pupil Dem.	Ward
Physiotherapy—*cont.*			
Filling and applying ice coil			
Electric pad			
Alcohol sponge			
Sedative bath			
Footbath			
Mustard footbath			
Mustard bath			
Typhoid tub			
Irrigation—eye			
ear			
nose			
throat			
Instillation—eye—fluid			
ointment			
ear			
Hot and cold compresses to eye			
Hot and cold compresses to ear			
Sitz bath			
Cold pack—antipyretic			
sedative			
Hot pack—dry			
moist			
Baking—local, general			
Sun bath			
Ultra-violet ray			
Cupping			
Spray or shush bath			
Genito-urinary treatments			
Vaginal douche			
Vaginal smear			
Assist. intra-uterine douche			
Catheterization			
Bladder irrigation			
Bladder instillation			
Perineal drawing			
Care after death			
Miscellaneous			

R

_____ School of Nursing

EFFICIENCY RECORD FOR HEAD NURSES

Name _____ School _____ When graduated _____

Home Address _____

Religion _____ Recommended to us by _____

Position of _____ Length of service _____

Salary _____ Vacation _____

Absences, reasons _____ Illness _____

days _____ Executive ability _____

Personality, courtesy _____ Initiative _____

Kindness _____ System _____

Enthusiasm _____ Organizing powers _____

Ability to inspire these _____ General control _____

Progressiveness _____ Ambition to excel _____

Study _____ Teaching qualities _____

Note-taking on new methods _____ Theoretical _____

Originality in plans of work _____ Practical _____

Improvements suggested _____ Example to pupils _____

General interest in work of school _____ Observance of rules _____

Loyalty to profession _____ Temperament _____

institution _____ Judgment _____

patients _____ Tact and resourcefulness _____

Respect for authority _____ Economy _____

Professional manner toward _____ Effectiveness in carrying responsibility _____

Visitors _____ Manner to subordinates _____

Patients _____ Remarks: _____

Interns _____

Visiting physicians _____

Signed _____

Date _____ 19____ Principal or Supervisor

S

PUPIL (Face or Record)

Name _____ File No. _____

Address _____ Class _____

Name of nearest friend or relative _____

Address of nearest friend or relative _____

Date to report _____ Date of graduation _____

" of acceptance _____

" " dismissal _____

" " resignation _____

May, 1920

S

GRADUATE (Reverse of Record)

_____ School of Nursing

Name _____ File No. _____

State Board. Date _____ Class _____

Professional Experience	Location	From	To

T

ABSENCES FROM CLASS

To Principal's Office:

Date _____

Subject _____

Names of absentees: .

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Signed _____
Instructor

If no absences, write "none," and hand in slip.

U

_____ School of Nursing

REPORT OF AFFILIATING STUDENT

Miss _____ had _____ years of High School before entering the School of Nursing

She has completed the work of first year

Studies	Hours	Ward Practice	Days

Second Year

She entered the school on _____ 19___
A copy of her health record is enclosed herewith.

Signed _____
Director of School of Nursing

Date _____

Our Contributors

Winifred Moores, R.N., a graduate of the school of the New England Deaconess Hospital, is supervisor of a medical floor in that hospital where they have a daily average of fifty diabetic patients under the direction of the great Dr. Joslin.

We predict that **Elizabeth M. Osborne**, who is an adviser on dress, will receive many requests for help from those who read her common-sense article in this issue.

In this number we are terminating the series of "equipment articles" by **Florence J. Potts, R. N.**, Director of Nursing for the Shriners' Hospitals.

The paper by **Mrs. Helen S. Buss, M.A.**, which was approved for publication by the N. O. P. H. N., was written as a term paper at Washington University.

Lois Blanche Corder, R.N., a graduate of the University of Iowa School of Nursing, is now its Director.

Fairfax Proudfit is the author of the well known "Dietetics for Nurses." She is a Consulting Dietitian and Instructor in Nutrition and Diet Therapy in the University of Tennessee School of Nursing.

Supervisory and other nurses tell us that they found **Florence K. Wilson's** "Difficulties in Medical Nursing" suggestive and helpful. This is the second article in the series.

Out of her long experience in public health nursing and child welfare work, **Winifred Rand, B.A., R.N.**, of the Merrill-Palmer School in Detroit, judges the work of the Frontier Nursing Service which is the brain child of Mrs. Mary E. Breckinridge. She not only finds it good but commends it to the consideration of other communities.

Dorothy Hayward, R.N., is a graduate of the New York Hospital School of Nursing, who is now living at home.

Anna M. Wallace writes out of experience and knowledge gained as Executive Secretary of the Research Division of the American Eugenics Society.

Minnie Goodnow, R.N., who is now Superintendent of Nurses at the Newport Hospital, Newport, R. I., based her article on experience in another institution.

"You can't keep a good man down" might well be paraphrased to suit **Harriet Groff Gillett, R.N.**, whose diseased hip could not keep her out of training in a hospital for the care of tuberculosis. She has had a varied experience in the field of administration.

Mary L. Putman is Field Representative for Occupational Therapy, Bureau of Mental Health of the Department of Welfare of Pennsylvania. She has long been interested in the interrelated problems of nurses and "O T's."

Nina D. Gage, M.A., R.N., Executive Secretary of the National League of Nursing Education, is extremely anxious to receive comments or suggestion for improvement of the Records published in this issue. Nurses are urged to write at once.

Coöperation in Diphtheria Prevention

THE Archbishop of New York, Patrick Cardinal Hayes, D.D., has joined with the Commissioner of Health in the fight to eliminate diphtheria from the city. An extract from a letter sent to the pastors of his churches and read from the Altars declares: "A matter that so deeply affects human life, family happiness and the health and well-being of the community is of necessity of great concern to your Archbishop. So much so, in fact, that after deliberation with the Diocesan Consultors, we have decided to urge through our pastors the wisdom of adopting scientific means of preventing diphtheria, and to arrange through our parochial schools to put these means at the disposal of those unable to patronize their family physician. Children are a sacred and God-given trust. We must safeguard them from every danger—physical as well as moral."

Department of Red Cross Nursing

DEPARTMENT EDITOR: CLARA D. NOYES, DIRECTOR NURSING SERVICE, AMERICAN RED CROSS

The Navy Nurse Corps and What It Offers to Nurses

IT is doubtful whether those who have not given the subject more than casual thought are able to visualize the Navy except in such general terms as—superb battleships, highly polished brass, fresh paint, officers in trig uniforms, beautifully equipped hospitals without a perceptible break in either plaster or paint or in the "line-up" of rows and rows of clean white beds. If one has visited a station she would doubtless remember the perfectly kept grounds with well-trimmed lawns and thrifty flower beds surrounding modern and comfortable hospital buildings, as well as the quarters for the members of the Nurse Corps. If one, however, has been especially fortunate, an invitation for tea or to dine at the Nurses' Quarters may have been extended. If this were accepted, then an opportunity to see how a Navy nurse lives has been afforded. Modern, well-furnished quarters, single bedrooms, ample bathing facilities, recreation and reception halls tastefully furnished will be found which offer a comfortable and restful home life to the members of the Corps. If invited to dine, the Nurses' Mess will provide an abundance of well-chosen, excellent food, for the Chief Nurse acts as mess steward for the Nurse Corps, served in the mess hall which, as a rule, is most attractive, neat as wax, and usually adorned with luxuriant ferns and other growing plants.

The average nurse upon graduation takes but little time to look into opportunities for work and service. The necessity to earn as much as possible in the shortest space of time is usually the determining factor, consequently she will probably enter the private duty field. The seven or eight dollars per day, and even more, that a private duty nurse may earn sounds very alluring to the young graduate. She may be fortunate in securing adequate work to keep her busy the greater part of the time, or though she may be an excellent nurse she may encounter long and discouraging periods when cases are not to be had. While every nurse may be the better for a period of private duty nursing, as it offers the young graduate an opportunity for the development of self-reliance, initiative and other qualities equally as important, nevertheless it would be unfortunate if too many nurses decided to stay in this field. The study now being made by the Committee on Grading has revealed many facts regarding the private duty field. They have found that the average amount earned by the private duty nurse is but little over $1,300 per year. They have also found that for months many nurses are unable to find work, while continuing expenses lay a heavy burden of anxiety upon them.

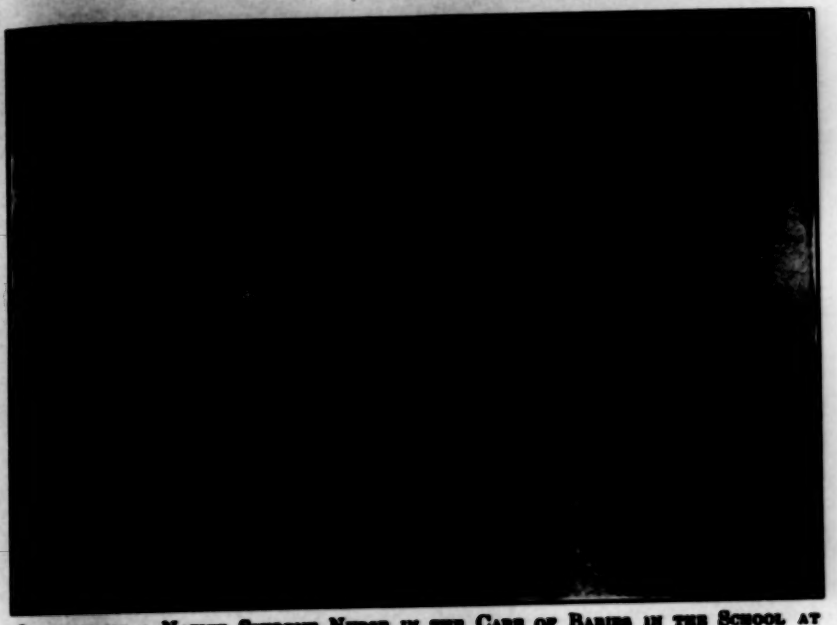
General Conditions Governing the Service

IN addition to the comfortable home, good food, short working day—for the eight-hour day prevails—the nurse will find that a thirty days' vacation is

allowed; thirty days' sick leave, with care, if ill. Although the initial pay for a nurse is only $70 per month, this includes full maintenance and laundry, while upon the completion of the six months' probation period, if she remains, a uniform outfit is provided. This is a consideration of some moment when the present high cost of well-made uniforms as well as laundry is an item of no small importance to a private duty nurse. The $70 per month automatically increases with each three-year period. A nurse may say—"I do not want to pledge myself to a three years' service, it is too long a time." There is no rule that is so hard and fast that exceptions cannot be made to it, consequently if for any reason this three-year period of service is terminated prior to completion, the nurse must assume the responsibility of return transportation. If she remains, however, until the termination of this period, transportation is provided. The first six months in the Navy Nurse Corps is regarded as probationary. During this time the nurse has ample time in which to decide whether she wishes to remain in the service, while the officials of the Navy are also given an opportunity to decide whether she possesses the qualities that would make her a satisfactory member of the Navy Nurse Corps. If the nurse decides to remain in the service, what has she to look forward to? One of the most important considerations is the provision for retirement, as established by Congressional Enactment, on partial pay at the conclusion of a definite period, consequently the haunting vision of a dependent old age, if one has had heavy responsibilities during one's working life, is removed.

These are the material considerations that a nurse must think of when she contemplates entering the Navy Nurse Corps. One cannot, however, live entirely upon material considerations, there must be spiritual development, largely through service, and cultural opportunities, at the same time, otherwise one's life may become hard, cold and mechanical. The service is far more acute than formerly, thus giving ample opportunity for real nursing, for the Naval Hospitals are not only admitting those who serve in the Navy, in one branch or another, but Veterans' Bureau cases, ex-service men, in very large numbers. The Naval Hospital at Great Lakes, for example, reported as of March 7, 1929, a census of 600 patients, of which 506 were Veterans' Bureau cases. A similar situation exists at other stations.

Then, too, the Navy nurse is an educator for she is instructor in nursing principles and procedures to the corpsmen. Perhaps the average individual does not know that Navy nurses are not used on battleships and that the care of sick or wounded men thereon must be entrusted entirely to the corpsmen. In fact, so important is this instruction to the corpsmen that schools of nursing have been established for the express purpose of better preparing these men for this important work. The school at Norfolk with its splendid classrooms and teaching equipment is a model that would be difficult to parallel in the most modern and up-to-date civilian school of nursing. Special courses are also available to members of the nurse corps, without expense, in Dietetics, Anaesthetics, Laboratory Technic, Physiotherapy and Methods in Teaching. Should the nurse continue in the Navy indefinitely she will find an ample opportunity to use this special preparation; on the other hand should she leave, a fresh field of activity is open to her.



INSTRUCTING A NATIVE STUDENT NURSE IN THE CARE OF BABIES IN THE SCHOOL AT PAGO-PAGO, SAMOA

The Navy Nurse in Foreign Lands

PERHAPS one of the most interesting opportunities that comes to the Navy nurse is an assignment to a tropical station. Such a detail not only offers variety through a change of scene, but possibilities of a cultural nature, for travel enlarges the point of view and broadens the mind.

Four schools for native nurses are conducted under the auspices of the Navy. These are located at Samoa, Guam, St. Thomas and St. Croix in the Virgin Islands. Navy nurses act as the directors, instructors and supervisors of this work. The length of the course is three years, the school at Samoa having about fifteen students. The schools at Guam, St. Thomas and St. Croix conduct courses for midwives as well. This is particularly important, inasmuch as the midwife has been utilized from time immemorial in this field in these countries. Provision for well-trained midwives who have been carefully instructed in the technic of asepsis, as well as in the practice of obstetrics, will eventually mean a stronger and better race, as well as a lower maternity and infancy death rate. Educational requirements for entrance to these schools has not been fixed, as the opportunities for general education have been very limited. As these, however, improve requirements for admission will automatically be raised. The students, however, must have sufficient education in order to profit by the technical instructions.

It is interesting to note that while the student is in training at the school in Samoa, she may also continue her educational work outside. The course has been arranged in order to

VISIT TO VILLAGES BY THE DISTRICT NAVY NURSE, ST. CROIX

permit this. The social status of the graduate from this school is the highest that a woman can reach in the island. Many of them marry, and in fact this is encouraged, as it is felt that the students from the school being well prepared for marriage by the training will have an elevating effect upon civic life generally. They usually marry native ministers and school teachers. It is then that the training stands them in good stead, preparing them for the responsibilities of church and community leadership, which inevitably fall to the lot of a minister's or teacher's wife in any country. Many of the graduates are utilized in the hospitals, also in the dispensaries and clinics, and in the districts supplementary to this work. All the natives of the island of Samoa are entitled to free medical treatment from the government. There is no question of family physician or who will pay the bills for the visiting nurse, she has but to tell her patient that this is true, furthermore she can insist that they go to the clinics for treatment. The eye conditions, such as infections, which have prevailed very largely throughout the island, have practically disappeared through this procedure. District nursing is an important factor in connection with all of these schools, for the work of the sanitary experts from the Navy would be impaired if their efforts were not supplemented by intelligent assistance throughout the territory. For example—in Haiti, the graduates from the Haitian General School of Nursing which was started some years ago by the nurses of the Navy Nurse Corps, are being extensively used in the district under the auspices of the Director of Public Health Service who is a Navy officer. A graduate from this school is also being sent to the United States for a year's postgraduate study, in order to prepare her to direct the public health nursing of this department.

In addition to these opportunities in foreign countries for educational work, many nurses are placed on the transports, of which there are three regular ones, each using two nurses. These transports ply between the foreign stations and the United States. There is also a station in the Philippines, near Manila, where members of the Navy Nurse Corps are stationed, while the splendid Hospital Ship *Relief* also carries a staff of nurses.

Present Nursing Needs of the Navy

BECAUSE of the acute situation in the Naval Hospitals, caused by the admission for treatment of Veterans' Bureau cases, the corps needs about fifty nurses to make up its quota of 545 nurses which are allowed by law. Inasmuch as the Red Cross Nursing Service holds the reserve of the Navy, it is felt that every effort should be made by that organization to bring this situation to the attention not only of enrolled Red Cross nurses but others who may be eligible for admission to the corps.

We feel confident that nurses generally, and particularly Red Cross nurses, would not wish ex-service men to lack nursing care today any more than they would have been willing to have had these same men suffer for nursing assistance during the World

War. Conditions are not likely to change in these hospitals, for more and more ex-service men will be admitted as time goes on. Doubtless many nurses who had no opportunity to serve during the World War may be glad to do their bit now toward helping the victims of that great catastrophe.

What then are the requirements for admission? In addition to the professional and educational requirements which can easily be ascertained upon request to the Superintendent of the Navy Nurse Corps, Navy Department, Washington, D. C., those who are in good physical condition with unimpaired hearing, sight and teeth, if interested are urged to apply. The Navy places great stress upon these particular faculties and although teeth, for example, may have been kept in excellent condition, if there is bridge work a nurse would probably not be considered, due to the fact that transfers to foreign stations where good dentists are not available might, if the bridge should become broken, cause the individual great inconvenience and discomfort during her tour of duty. Then, too, because of the terms of the Retirement Law, nurses must be almost physically perfect when enrolled in the service.

Why Do Nurses Return to the Navy?

QUITE recently a letter was sent to a number of nurses who, after the completion of one period of enrollment, were again seeking admission, making inquiry as to the reasons for reapplication. "Could save more money," "comfortable living conditions," "happy atmosphere," etc., were some of the replies. After all is said, are not these factors worthy of careful thought before settling down to a lifetime of private duty under conditions which are, many times, in fact usually abnormal? After all every one has a right to live her life under conditions that will bring the greatest returns in happiness, health and efficiency. Contact with her confrères and others outside of her profession, reasonable working hours, a comfortable home, good food, time for reading and recreation in properly balanced proportions, should be available to every nurse—unfortunately they are not. All these conditions and opportunities are, however, available to a nurse who enters the Navy Nurse Corps.

VISIT OF THE NAVY NURSE TO THE VILLAGE SCHOOLS AT ST. CROIX

The Open Forum

The editors are not responsible for opinions expressed in this department. Letters should not exceed 250 words; anonymous letters are not considered

Sewing-up for the Winter

IN its grim reality, sewing up for the winter is not yet a tradition. That was well borne to me when my duties as a public health nurse led me to investigate the garb of a certain small girl. Snugly encased in layer upon layer, she were from fall to spring the garments into which her careful mother had stitched her, and responded, winter as well as summer, to the name which was hers by christening rite—Rosy.

One day, not long ago, a student at the Health Service was requested to remove her coat. She was tractable; she did it. Then, with that true feminine touch which I so deeply envy because I haven't it, she straightened her collar and adjusted her belt. As she did so, she explained: "First time I have had that coat off today." I did a little internal gasping (I have learned to do that without a surface ripple) and began a series of questions. That girl had left her room in time to make an eight-o'clock, had attended five classes, had eaten lunch at a drug store, had written a letter in the Women's League Room and had reached the time, 4.30 p. m., to remove her coat for the first time that day and then only by request. For about nine hours she had gone from one room to another where the temperature was approximately seventy degrees, and had sat through one session of mental functioning (supposedly), after another, in a wool-lined leather coat, a pair of galoshes and a close-fitting hat. After that she came to the Health Service.

That girl was one of us; she is quite typical. She is doing what most of us do. She is wearing, as covering for a large portion of the radiating surface of her body, garments which allow small interchange between body air and the general atmosphere. She is depriving her skin of that ventilation which is its right. She is accustoming her body to a higher temperature than is needed. She is unable to adjust garments to fit the changing temperature, as she goes from indoors to out-of-doors, because she wears all of her clothes all of the time. This is detrimental to her and has only this possible advantage—she would be more easily able to save her belongings if the building caught fire. We rebel against the idea of being sewed-up for the winter, but are we not devotees to the basic principle underlying the custom?

ELLEN WALKER, R.N.,
In the Western State Teachers College Paper.
Kalamazoo, Michigan.

A Pin Found

FOUND.—A nurse's pin, with the name Hettie Tilton. The owner may communicate with Miss B. Rosenoem, Cherokee Hospital, Jacksonville, Texas.

Journals on Hand

THE Library of the Yale School of Nursing, 323 Cedar St., New Haven, Conn., has copies of the *Journal* to sell or exchange, as follows: Vol. II, 4–12; Vol. IV, 12; Vol. V, complete; Vol. VI, 1–3, 5, 7–12; Vol. VII, all except 9; Vol. VIII, 1, 3; Vol. IX, 4–12; Vol. X, 1–3; Vol. XXI, 1–3; Vol. XXII, 6, 7; Vol. XXIII, 4, 5, 7, 8, 9, 11, 12; Vol. XXIV, 1, 2, 4, 5, 13.

Journals Needed

THE Library of the Yale School of Nursing, 323 Cedar St., New Haven, Conn., desires the following copies of the *Journal:* Vol. I, 1–3; Vol. X, 4–6, 10–12; Vol. XI, 1–5, 8–10; Vol. XII, 2, 3, 5, 6, 8–10; Vol. XIII, 2, 3, 9–11; Vol. XVI, 1, 3, 4, 9; Vol. XVII, 12; Vol. XVIII, 1, 5, 12; Vol. XIX, 2; Vol. XX, 4; also the Proceedings of the American Nurses' Association, 1923.

The School of Nursing, Peking Union Medical College, Peking, China, needs copies of the *Journal* for 1924, January, March, April.

The Library of the Northwestern University Medical School, 303 E. Chicago Ave., Chicago, wishes copies of the *Journal* previous to 1917, also Vol. 17, 1–7, 9–12; Vol. 18, 2, 3, 5–11; Vol. 19, 12; Vol. 20, 1, 3, 10; Vol. 21, 1, 2, 5, 6, 10–12; Vol. 22, 2, 3; Vol. 23, 7, 11, 12.

Student Nurses' Page

Silver

K. M. SPENCER

Student Nurse, St. Elizabeth's Hospital, Richmond, Va.

MY name is silver, and surely I need no further introduction. For I, with my pure white color, perfect metallic luster, and soft plastic nature was in existence long before historians grew so popular; and since their day of popularity they have found it most difficult to alight me, regardless of what phase of history they wished to record.

This time I have been permitted to speak for myself, and I think I shall give you a few of the most vital points in regard to my relations with the medical world. Without one bit of conceit, I feel perfectly justified in saying that doctors, nurses, and patients owe a great deal of their success to my alert response to their unlimited demands. Although I have been in constant use for centuries, I am not tired, and I really find it pleasant and none the less interesting to work while scientists, especially the pharmacists, tug away trying to discover more and larger tasks to put upon my shoulders.

Many, many, years ago Arabians used me quite extensively in their treatment of nervous diseases, and I played the part quite well. But you are naturally more anxious to know what benefits are derived from me by mankind at present. Indeed there are many. I am employed as a prophylactic measure at the birth of almost every little human being, in that a few drops of me hop into both little bright eyes, thus preventing blindness, and insuring every child against ophthalmia neonatorum. Then I hear someone ask the doctor or nurse why I was put there, and they always explain how I have an astringent and stimulating effect as well as bactericidal.

Now before I go further, let me explain what the laymen mean when they speak of "silver poisoning" and what professional men and women mean by "argyria." Both terms mean the same, they are merely expressed differently. Silver poisoning is a condition which results from prolonged use of some form of me; however, I do not rebel often, therefore the condition is not very common at present. My salts are absorbed into the blood and deposited in the various tissues of the body. And however strange it may seem, it is nonetheless true that just as my salts turn dark on exposure to light, I cause the skin to turn dark grey or slate color if too much of my salts is used. First a dark slate, blue color is noticeable about the lips and gums, and later it may or may not spread over the body, depending largely upon the degree to which I have been excessively used. Generally the doctor calls upon potassium iodide to rescue

the patient from my wrath, but thus far her forces have not been notably victorious. Then again, if I am used in excess doses, there usually develops a rather serious state of poisoning causing violent abdominal pain, vomiting, diarrhoea with development of gastro-enteritis; in some cases nervousness and delirium supervene. If this condition has developed, the patient is usually treated and I am likewise mistreated, by the administration of saline solution followed by copious draughts of milk and egg whites and water, or water with soap to dilute the poison and protect mucous membranes of the œsophagus and stomach from its action. But think not too long and harshly of my occasional poisoning effects, but continue to marvel at the wonders I perform.

Quite frequently I am used to paint indolent ulcers and it is not uncommon for a solution of my salt to be used in chronic pharyngitis or laryngitis. Strong solutions are occasionally made and painted around the base of boils, and if this treatment is administered in time, it will usually abort the condition. My oxide is occasionally employed in cases of epilepsy and chorea.

I am quite sure that I should have heard more than one surgical patient lift her voice in praise to me, had she realised the value of my nitrate stick or, to be more professional, the lunar caustic stick. In operative cases I am frequently called upon to destroy superficial tissue or excess granulation tissue. Once in a while I destroy warts and small growths and I do not hesitate when someone *carefully* picks me up and applies me to some unsightly granulated eyelid. You are probably wondering why and how I acquired the fantastical name of *lunar caustic* and why I persistently remind you that I am handled with care. Well, it is just because I'm a little touchy and to prevent scores of septic-suspected fingers from handling me, I have always made it a practice to leave a dark indelible mark upon everyone who persists upon picking me up. Now, as to my name. The Arabians named me lunar caustic because they associated me in an inseparable way with nervous diseases, and we were both associated with the same heavenly body—the moon—hence the name *Lunar* Caustic.

In the form of Neo Silvol I am often injected into the nostrils of patients with acute rhinitis or other nasal infection and for a while I hear them complain a bit, but I seem to give relief. I've heard doctors say that I was most frequently indicated in infections of the genito-urinary tract and of the eye, ears, nose and throat.

And again I appear upon the scene as an antiseptic disguised in a solution known as Silver lactate. Microörganisms tremble with fear and then are destroyed by my unusual power.

Lastly, because I want to leave an impression upon you, I'm very sensitive and have to be treated with a great deal of care. Fresh solutions of me *always* must be made up, because standing preparations of me never have the desired effect, and indeed there is danger of "silver poisoning." In any preparation of me, it is necessary to use distilled water, otherwise an undesired chemical reaction results. I am always stored in dark bottles in dark places. If I were not treated with these precautions my uses to the public would be greatly diminished.

In conclusion, let me say that I have only listed a few of my benefits to mankind. However, I hope that I have succeeded in making myself a bit more prominent regarding my

uses in the medical world. And just keep your eyes alert and see what I may accomplish.

SILVER PREPARATIONS

1. Silver Nitrate—1%-2% solution for eyes; 1/1000—1/10000 for irrigations.
2. Moulded Silver Nitrate—Lunar caustic.
3. Silver Citrate—1/10000 for urethral injections.
4. Silver Lactate—1/100 to 1/2000 for disinfection.
5. Silver Salvarsan or Silver Arsphenamine —30% arsenic, 15% silver is considered better than salvarsan by some.
6. Argyrol—10-25% solution.
7. Protargol—1-10% solution (¼ to 10%).
8. Neo Silvol—5-25% solutions.
9. Collargol ointment, contains 15% collargol.
10. Collargol (Colloidal Silver Crede)—85% silver.
11. Solargentum—Silver protein 20% silver in colloidal form.
12. Lunosol—Colloidal Silver (10% silver).
13. Margol—Colloidal Silver (10% silver).

Should a Hospital of Forty Beds Conduct a School for Nurses?

THIS question was asked by a member of the board of trustees of a hospital in the Middle West. This institution is losing $1,000 a month. It averages about forty patients a day, although it has a capacity for sixty. A state inspecting committee has recently required that it affiliate with a children's and a psychiatric hospital. The board does not see how this can be done, and considers the wisdom of discontinuing its school for nurses and of engaging graduate nurses. The question was asked *Modern Hospital*, which replied in its April issue:

"The *Modern Hospital* can speak only generally in this matter. Adequate experience for nurses is necessary. There can be no evasion on this subject. It is debatable whether a hospital of this bed capacity can offer adequate teaching and clinical experience to meet the requirements of modern nursing education. The training school must not be maintained because it lessens the hospital's annual deficit. On the other hand, while the withdrawal of an educational feature from a hospital always tends to stagnation, it would seem, were such an alteration of policy adopted, that the board should not expect to save much money by changing to graduate nursing.

"It has been the experience of many institutions which endeavored to economize in this way that no saving was actually realized thereby. The problem presented to this board should be squarely faced. If inadequate experience is being given pupil nurses, and no remedy is at hand, then the only alternative would be to disband the school. If the care of patients by graduates in nursing requires more money than the hospital can spend, its board should bravely face a mounting deficit or else consider whether the community any longer requires the services of the hospital. To continue a school for nurses purely as a financial venture is an incorrect policy to pursue."

For Patients of Moderate Means

THE Civic Hospital Association of Chicago, which is a new organization incorporated for non-profit, and is approved by the Chicago Medical Association and a group of prominent hospitals, is working on a plan for assuring hospital care to its members. The success of the plan will be dependent upon securing a large number of members. The plan is based upon that of *El Centro Asturiano*, the principal club of Havana, Cuba:

"Any member of El Centro Asturiano, by the mere paying of the nominal dues of this club, becomes a member of the Hospital Association and when ill is assured the best of hospital care for a stated period without further expense. So popular is this feature that, in 1923, after some fifty years of existence, the membership of the club had grown to include at least one-tenth of the population of Havana."

Handbook of Hospital Law

THE Michigan Handbook of Hospital Law, published by the Michigan Hospital Association, is being sold at the reduced price of $1 a copy, the expenses of production having been met by the sales thus far at $2 each. Address the Michigan Hospital Association, 39 Audrey Avenue East, Dearborn, Mich.

Too Late for Classification

Ohio: The NURSES' EXAMINING COMMITTEE will hold an examination for Nurse Registration June 6, 7 and 8, 1923, in Columbus. Send applications before May 25 to Chief Examiner, 85 East Gay Street, Columbus, Ohio.

Questions

What are some fair methods of disciplining pupil nurses (a) who are carelessly late for class, (b) who sleep on their hours and do not waken for class, (c) who take food left in the refrigerator intended for patients, (d) who are forgetful or are careless in their work?

Answer.—Have first a long talk with head nurses on their educational functions, and find out from them about ward conditions which might interfere with class work. Get their cooperation in avoiding these, and encouraging class as an aid to better care of patients. Their influence has a great deal to do with the spirit in which class is attended. Be sure that there is adequate relief for students attending class, so that ward work does not suffer. This relief may be either graduate, general-duty nurses, or students from other classes.

Having obtained cooperation from the graduates, constant emphasis in class on reasons for study and why classroom appointments are held, and why the student comes to the school, should start raising morale. An ethics class may stress morality and honesty, and ownership of things. A few especially careless people may have to go.

Then, non-promotion for poor marks, including ward work, should have some effect. Differentiate the classes by special stripes on cap or sleeve, so that everyone knows who are promoted. Sometimes posting marks in public chances people to better work. Allow certain vacation privileges, or end training early for those students with (a) good ward-work records, (b) good theoretical records, (c) good health records—a constructive bit of work in improving their own health.

Can you give me a diet for gastric disturbances?

Answer.—It is first necessary to have a complete diagnosis to give the nurse an adequate picture of the condition of the digestive tract before a diet is planned.

A patient with gastritis usually has an excess of acid in the gastric juice. This excess acid irritates the mucous membrane of the stomach. The treatment usually ordered by the doctor is a modified Sippy diet, as outlined in the *American Journal of Nursing*, September, 1928, pages 988-989. By giving milk and cream, one part cream and three parts milk, and cooked cereals, every two hours, for the first three days, the alkaline reaction of the milk and cream will help to clear away the excess acid.

The fourth day, butter, eggs, baked potato, orange juice, dry toast, and sugar may be added. Then the Sippy diet, as quoted, may be continued.

What is the value of sugar as a food?

Answer.—Dr. E. V. McCollum in "Food, Nutrition and Health" (page 97) writes: "It's well known that fat can burn in the body only when carbohydrate burns with it. Otherwise it does not burn completely, and leaves fragments which are of an acid nature." In these days when many people have subjected themselves to a "home-made diet" there is danger that their carbohydrates may be cut down so low that acidosis and lack of energy result.

When pure cane sugar is taken in the right amount to balance the fat, it is the best preventive of acidosis and as it does not have to be digested it is quickly available to furnish energy for the next task to be performed.

Pediatricians often use a syrup made of cane sugar, flavored slightly with tea, when a child is too sick to eat. This syrup furnishes enough energy so that treatment may be continued until the child can take other nourishment.

Sugar is the purest form of carbohydrate that is known to furnish fuel and energy.

Abstracts

Joseph Earle Moore, M.D., and collaborators: The Management of Syphilis in General Practice. (Venereal Disease Information, published by the U. S. Public Health Service, February 20, 1939.)

Immediate Reactions Following Injection of the Arsphenamines

1. Severe burning pain, usually associated with an obvious lump at the site of injection, is due to extravention of the drug into the tissues about the vein resulting from faulty technic. Infiltration of the tissues with any of the arsphenamine products produces a disabling and very painful induration which lasts for days or weeks, and may slough. If infiltration is apparent, the needle should be withdrawn immediately and 0.75 gm. of sodium thiosulphate in 5 c.c. of sterile distilled water immediately injected into the site. This will minimize the resulting pain and disability.

2. Aching pain in the arm and shoulder during the injection usually is due to overalkalinization of arsphenamine. It is apt to be followed by obliterating thrombophlebitis.

3. The patient often complains, during the injection, of an annoying odor, usually of "ether." This is most common with neoarsphenamine and arsphenamine, and does not occur with the other products discussed. It may be avoided by having the patient hold his nose and breathe through his mouth, or by having him inhale the fumes of aromatic spirits of ammonia, or chew a fresh piece of gum.

4. The nitritoid crisis, mild or severe, is characterized first by a sense of cutaneous flushing, injection of the conjunctivae, choking, cough, palpitation, and vomiting (especially if treatment is given on a full stomach) and more rarely by edema of the lips, tongue, glottis, or face, syncope, and thready pulse. It may be accompanied by very severe cramplike pain in the lower back (lumbar muscles?). It is probably due to a variety of causes, of which the most important is too rapid administration of the drug. Other causes are insufficient alkali in mixing, idiosyncrasy on the part of the patient, or impurities in the drug. If it occurs once, it is apt to be troublesome with subsequent injections. It is especially common after arsphenamine or neoarsphenamine (frequency perhaps 2 to 5 per cent of all injections), quite rare after silver arsphenamine or sulpharsphenamine (the latter intramuscularly), and practically unknown after tryparsamide.

If this reaction is anticipated, it usually may be prevented by the subcutaneous or intramuscular administration, 5 to 10 minutes before treatment, of 0.5 to 1.0 c.c. of 1:1000 adrenalin solution or by the subcutaneous injection of 1.3 mgm. (1/50 gr.) of atropin sulphate, 20 minutes before treatment, or by injecting one-tenth of the total dose of the arsphenamine to be administered and waiting one hour before injecting the other nine-tenths. It is often most convenient to change the preparation of arsphenamine used, i.e., from neoarsphenamine to silverarsphenamine.

5. Sudden syncope, greenish pallor, rapid cardiac failure, and death sometimes follow immediately the administration of large doses of the arsphenamines, especially arsphenamine itself ("606"), to patients with cardiovascular syphilis. Such patients, if treated ambulantly, should receive neoarsphenamine in small doses (not more than 0.45 gm.) in preference to other arsphenamine products.

6. Excruciating pain in the back and chest, cough, collapse, pallor, cardiac failure, and usually death are due to the injection of concentrated solutions of unneutralized (acid) arsphenamine. Treatment of this unfortunate accident is difficult, owing to the fact that all the arsphenamine probably is precipitated in the lung capillaries, and the effect is that of massive pulmonary embolism. Warmth, circulatory stimulants, and oxygen inhalations may be tried.

7. *Tubing reaction.*—If one is using a gravity apparatus with new rubber tubing which has not been previously soaked in sodium hydroxide solution, as advised above, a reaction may occur within an hour after injection characterized by chill, pain in the back and legs, excitement, fever to 102 or 103 degrees F., vomiting and diarrhea, prostration, and herpes febrilis. This is due to removable

impurities in new gum rubber and may be prevented by proper precautions. Treatment is symptomatic. Recovery may take four or five days.

Hospital Service in the United States; Eighth Annual Presentation of Hospital Data by the Council on Medical Education and Hospitals of the American Medical Association: Essentials of a Registered Hospital. (*Journal of the American Medical Association*, March 20, 1920.)

In its work with hospitals it is the desire of the Council on Medical Education and Hospitals to cooperate in every way possible for the improvement of hospital service, whereby sick or injured persons may be provided with the best possible care. The Council does not claim to have, nor does it assume, any legal authority over any hospital, but recognizes clearly that the officers in charge of such institutions have the unquestioned right to conduct the hospitals in any way they deem wise. If a hospital desires to have the Council's endorsement, however—and that is what the Council's approval actually means—it should not be unwilling to comply with the principles which the Council deems necessary for such endorsement. The following "essentials," or principles have been prepared by the Council with the sole intention and desire of dealing with equal fairness to all institutions. A hospital seeking admission to the Register, therefore, should have the following qualifications:

1. A staff made up of one or more properly qualified physicians who shall be graduates of reputable medical schools; and all physicians treating patients in the hospital must be so qualified.

2. An able management which, depending on the size of the hospital, may be in the hands of a competent physician, an able superintendent, or a board of trustees.

3. A competent physician-pathologist, either on the staff or easily accessible, who should examine and keep a careful record of tissues removed at all operations conducted in the hospital.

4. Careful histories and records of all patients admitted to the hospital with which should be filed reports of any laboratory analyses, roentgen-ray findings or pathologic reports of any tissues examined.

5. One or more competent nurses, depending on the average number of its patients.

6. Regular staff conferences, at least monthly and preferably weekly, in all hospitals having staffs of three or more physicians. At these staff conferences complicated cases in the hospital should be considered, as well as all deaths occurring in the hospital during the period intervening between meetings. If necropsies have been held on any of these patients, these especially should be given discussion in which antemortem and postmortem signs, symptoms and observations should be compared.

7. Hospitals are institutions which should not be conducted for profit but for the purpose of securing better medical service for the community and they should always be conducted in accordance with the code of ethics of the American Medical Association.

Ben Weisper, M.D., quoted from the *American Review of Tuberculosis* (*Journal of the Outdoor Life*, April, 1920).

Your Mind and You

After reviewing the literature on this subject, Doctor Weisper recites his own experiences in a careful study of 100 patients, to determine what influence pulmonary tuberculosis had upon the individual's personality. The study included a complete mental history of each case with special stress laid upon the patient's reaction to life before he contracted tuberculosis and a careful observation to determine his attitude in the sanatorium toward the daily routine.

A summary follows: "It is thus seen that tuberculosis may bring to light inherent characteristics, but does not alter the personality of the individual." He continues with this observation: "Sixty of the patients examined did not manifest any neurasthenic symptoms before or during their attack of pulmonary tuberculosis. Their behavior remained unaltered."

Another quotation is equally significant: "The tuberculosis patient is not a being compounded of a few vices or virtues, selfishness, lack of self control, or, on the other hand, optimism and amiability; he is not a character cut of Dickens or Ben Jonson, but a human being whose reactions to tuberculosis are essentially his general response to life and its difficulties. The phlegmatic patient remains placid to the end; the optimistic boy regards his tuberculosis in the light that he viewed the troubles that failed to cloud his youthful horizon. The seeking, battling, egotistical student defied and struggled with his tuberculosis as he did with poverty, and the only difference was that in the former affliction he was defeated. Pulmonary tuberculosis brings to light inherent characteristics. It accentuates the mental traits of the patient, but it cannot produce a psychopathology of its own." P. P. J.

News

Note.—News items should be typed, if possible, double space, or written plainly, especially proper names. All items should be sent before the 15th of the month preceding publication

The American Nurses' Association

Warning to Nurses

Several cases recently have come to the attention of the American Nurses' Association of a person or persons posing as the local representatives of the national Nurses' Relief Fund. These persons select names for their enterprise so similar to the phrase, Nurses' Relief Fund, that the deception is accomplished easily. Such impostors have been reported in several cities in the East and Middle West, and in each case they have left the community bearing with them money confided to them by persons under the impression they were relieving the need of sick nurses.

There is only one national Relief Fund which functions through the state and district units of the A. N. A. Some states also carry their own funds for the help of their nurses in sickness, and this practice also is widespread in alumnae associations, but in all these instances the relief funds are maintained and operated through the official organizations of nurses.

This fact will may be brought before the attention of A. N. A. members at this time with the caution that they make their gifts to the Relief Fund, and warn others to make their donations only through their state, district, or alumnae organizations or directly through A. N. A. Headquarters.

The Relief Fund was enriched during the month by a notable contribution when Miss Lavinia L. Dock gave $100 accompanied by a characteristically humorous and kindly note.

1929 Membership

Membership in the American Nurses' Association now totals 76,473, a gain of 4,583 nurse members, or 6 per cent during the past year. Thirty-seven states report an increase, the most startling being that of Wyoming, which made a 100 per cent gain. The majority of the large states report increases varying from 6 per cent to 16 per cent.

Sections

Attention these days is being focused on the sections, the reason for this interest being twofold. First, some state and district sections have asked for a program that embraces outstanding problems in that aspect of nursing presented through that particular section; and, secondly, nurses are asking if it is possible to provide more active participation on the part of individual nurses who are section members.

In order to attain an increasing effectiveness in the sections through increased and correlated activity as single units and as a group, the Board of Directors in January voted that section chairmen be asked to consider the following recommendations:

1. That each chairman study the present rules of her section with a view to revision if necessary in order to make that section of widest possible service to nurses, and that each chairman be asked to send a copy of the rules and regulations of her section to the Board.
2. That each chairman formulate a program of work for her section such as will promote activity and discussion, not only at the biennial conventions, but through the year, and as might be adaptable to the uses of local sections.

Section chairmen who have evolved such a program of work with definite suggestions for the increased influence of that body will be invited to attend the September meetings of the Board and there present their schemes. The four A. N. A. sections: Government, Legislative, Mental Hygiene, and Private Duty, were organized at various times in order to give nurses the opportunity to develop

and maintain standards along the lines of their special interests. Parallel programs of work and similar rules and regulations are logical next steps in section development.

Advisory Council

Out of thirty replies regarding probable attendance at the Advisory Council meeting in June, fifteen have been in the affirmative. A considerable number of states are in doubt, but are fairly certain they will be able to send a representative.

Therefore, it seems reasonably certain that there will be a Council meeting at Atlantic City at the time of the National League of Nursing Education meeting. The International Hospital Congress, the American Hospital Association, the League, and various other organizations interested in health work, will all meet there, the week of June 17. The Advisory Council meeting is scheduled for Friday evening, June 21, and all day Saturday, June 22. One of the important topics to be discussed is the whole question of the future of the Relief Fund and its relation to the nurses' financial needs.

Bordeaux School Campaign

Traveling across the reaches of Pacific and over the breadth of the United States, there came this month to Headquarters a notable gift to the Bordeaux School Fund from the Nurses' Association, Territory of Hawaii, Inc. On a quota of $29.80, the nurses of Hawaii sent a gift of $171.75 to the American Nurses' Memorial Fund. Other state associations to fill their quotas during the period from March 5 to April 5 were Maryland, Nevada, Texas, and Virginia.

It will be noted from the following list of contributions that many of the states, particularly the states with large quotas, report virtually no donations to the Bordeaux School. In some instances this is true, not because the states are inactive in the campaign, but because they are failing to report their gifts, probably waiting until the entire amount is reached. There are three excellent reasons why this policy of holding back reports should not be followed:

1. If gifts are not reported it is impossible to gauge the progress of the campaign and the distance still to go before its conclusion.
2. The record of gifts as they are received provides a stimulus within the state toward reaching its quota.
3. The tabulation of gifts month by month in the *Journal* affords an example of the activity in the campaign work on the part of other states.

One of the characteristics of the present campaign is the early response and action on the part of the smaller states as reported to A. N. A. Headquarters and a contrasting lack of record of the progress of the campaign in the larger states. Of the half dozen state associations with quotas of over a thousand dollars, only Michigan has gone "over the top." In some instances no contributions are recorded.

It is urged that the contributions received by the states for the American Nurses' Memorial Fund be reported regularly to Headquarters. If they are received at Headquarters before the twentieth of each month, they will be listed in the ensuing issue of the *Journal*.

Bordeaux School Gifts

Statement to April 5, 1920

State	Quota	Received
Alabama	$192.40	$43.40
Arizona	55.60	....
Arkansas	160.60	....
California	2 112.60	....
Colorado	272.60	5.00
Connecticut	744.60	....
Delaware	60.60	60.00
District of Columbia	335.60	210.00
Florida	380.80	341.09
Freedmen Hospital Alumnae Association	24.60	....
Georgia	314.60	220.90
Hawaii	29.80	171.75
Idaho	33.60	....
Illinois	1,918.60	302.70
Indiana	620.60	....
Iowa	632.20	345.20
Kansas	293.60	34.00
Kentucky	238.20	2.00
Louisiana	405.20	....
Maine	192.60	....
Maryland	631.20	604.80
Massachusetts	1,653.20	....
Michigan	1,162.40	1,162.40
Minnesota	604.60	342.70
Mississippi	90.40	90.40
Missouri	927.60	889.00
Montana	68.60	20.25
Nebraska	319.60	319.24
Nevada	12.60	12.00
New Jersey	811.20	225.00
New Hampshire	137.60	....
New Mexico	20.20	20.20
New York	3,983.60	765.80
North Carolina	310.60	222.40
North Dakota	76.60	120.00
Ohio	1,762.40	1.00
Oklahoma	177.20	....
Oregon	202.60	....
Pennsylvania	2,029.20	25.00

Porto Rico	11 00	....
Rhode Island	202 20	214 20
South Carolina	114 80	62 60
South Dakota	57 20	57 20
Tennessee	222 00	....
Texas	773 80	826 60
Utah	79 60	....
Vermont	102 40	....
Virginia	204 00	324 80
Washington	455 20	75 00
West Virginia	162 00	21 10
Wisconsin	406 40	....
Wyoming	16 80	....
Gift toward Campaign Fund		40 00
Gifts outside state quotas		2,285 00
Total		$10,764 92

Nurses' Relief Fund

REPORT FOR MONTH ENDING MARCH 30, 1929

Receipts

Interest on investments	$277 50
Interest on bank balances	22 50
Benefit check returned by beneficiary	15 00

Contributions

Arizona: District 1, $17; District 2, $43; District 3, $12; Cochise County Graduate Nurses' Assn., District 4, $12	84 00
California: State Nurses' Assn., $142.80; San Diego County Nurses' Assn., $36	178 80
Connecticut: Graduate Nurses' Assn.	572 50
District of Columbia: Garfield Hospital Alumnae, $27; Georgetown Hospital Alumnae, $27; individual contribution, $5	59 00
Georgia: Individual contributions, $1; District 2, University Hospital Alumnae, $25; individual contributions, $30	56 00
Idaho: State Assn.	17 50
Iowa: District 3, $22; District 4, $6	28 00
Kentucky: Louisville City Hospital Alumnae, $25; Norton Infirmary Alumnae, $25	50 00
Minnesota: District 2, St. Luke's Alumnae, Duluth, $22; St. Mary's Alumnae, $5; District 3, Asbury Hospital Alumnae, $24; Deaconess Hospital Alumnae, $70; Fairview Hospital Alumnae, $22; Litchfield Hospital Alumnae, $10; Northwestern Hospital Alumnae, $22; individual members, $15; District 4, Ancker Hospital Alumnae, $121; St. John's Hospital Alumnae, Red Wing, $27; West Side General Hospital Alumnae, $10; individual members, $20	326 00
Missouri: District 3 (St. Louis), Missouri Baptist Sanatorium Alumnae, $22; St. Luke's Hospital Alumnae, $20; St. Louis Training School, $20; District 4 (Springfield), Burge Hospital Alumnae, $26	135 00
New Jersey: District 1, Newark Beth Israel Hospital, $20; individual contributions, $2; District 2, Paterson General Hospital, $102; District 3, Mercer Hospital, $15; McKinley Hospital, $10; St. Francis Hospital, $20; District 4, Monmouth Memorial Hospital, $22; District 6, Balance of banquet Fund, $20.75	343 75
New York: District 1, $128; District 4, $301; District 7, $191; District 8, $30; District 13, Bellevue Hospital Alumnae, $50; Mt. Vernon Hospital Alumnae, $25; District 4, Norwegian Hospital Alumnae, $25	776 00
Ohio: District 1, $72.10; District 2, $4.80; District 3, $75; District 4, $110.37; District 5, $20; District 8, $200; District 10, $100; Youngstown Hospital Alumnae, $25; Deaconess Hospital Alumnae, $20	680 03
Oklahoma: Oklahoma Baptist Hospital Alumnae, Waukegan, $18; District 3, $6; District 5, $1; District 7, $1	26 00
Pennsylvania: Lavinia L. Dock	100 00
Rhode Island: State Nurses' Assn.	25 00
South Carolina: State Nurses' Assn.	73 85
Texas: District 1, $9; District 2, $1; District 6, $25; District 7, $9; District 15, $4	43 00
Wisconsin: Districts 4 and 5, 26 individual contributions	27 50
Total receipts for month	$3,996 72

Disbursements

Paid to 192 applicants	$2,662 00
Salaries	254 16
Postage	20 00
Stationery	1 92
	$2,938 08
Excess of income over expenditures for month ending March 30, 1929	$1,058 64

All contributions to the Nurses' Relief Fund should be made payable to the Nurses' Relief Fund and sent either to the person who collects your dues or to the local Relief Fund chairman. The method for collection of contributions varies in the different states. Your district president or treasurer can tell you to whom your checks should be sent. For application blanks for beneficiaries, apply to your own alumnae or district association, or to your state chairman. For leaflets and other information address the state chairman or the Director of the American Nurses' Association headquarters, 370 Seventh Avenue, New York, N. Y.

Isabel Hampton Robb Memorial Fund

REPORT TO APRIL 11, 1929

Previously acknowledged	$34,165 12

Contributions

Colorado: State Association	10 00
Massachusetts: Noble Hospital Alumnae, Westfield	5 00
New York: One individual	5 00
Pennsylvania: Presbyterian Hospital Alumnae, Philadelphia	25 00
	$34,210 12

MARY M. RIDDLE, *Treasurer*.

McIsaac Loan Fund

REPORT TO APRIL 11, 1929

March 12, 1929, Balance		$1,234.39
Bank interest		.60
Contributions		
Colorado: State Association		10.00
Massachusetts: Noble Hospital Alumnae, Westfield		5.00
Pennsylvania: Presbyterian Hospital Alumnae, Philadelphia		25.00
Interest on loan of $200 for one year at 2 per cent		4.00
Total		$1,288.99
Disbursements		
March 30, Loan	$100.00	
April 11, Loan	100.00	200.00
April 11, Balance		$1,088.99

MARY M. RIDDLE, *Treasurer.*

Contributions to these funds are requested from individuals and associations interested in promoting the preparation of nurses for teaching or administrative work in schools of nursing or in public health. Checks should be made out separately and sent to the treasurer, Mary M. Riddle, Care *American Journal of Nursing*, 370 Seventh Avenue, New York. It is hoped to announce in the June *Journal* the names of the successful candidates for the scholarships of 1929–1930.

Southern Division

The SOUTHERN DIVISION will hold its biennial meeting in Birmingham, Alabama, October 28–30.

Headquarters will be at the Tutwiler Hotel; other hotels are within a few blocks' distance.

National League of Nursing Education

THE NEXT CONVENTION

The National League of Nursing Education will hold its next convention at Atlantic City, June 17–21, 1929. Headquarters will be at the Ambassador Hotel, where the people attending the American Hospital Association and the International Hospital Association will also be staying. Make reservations directly with the hotel. The single rooms are practically all gone now, but double rooms at $8 and $10 are available. Very good meals may be obtained in the hotel, which is arranging some special menus.

Railroad rates are being obtained through the aid of the American Hospital Association. The railways have granted a fare-and-a-half rate for a ten-day trip, and fare-and-three-fifths for a thirty-day limit. Special trains will run from Chicago if intending travelers will notify the Executive Secretary of the American Hospital Association, Dr. Bert W. Caldwell, 18 East Division Street, Chicago, Illinois.

Special cars have been offered by the Jersey Central Railway from New York to Atlantic City on the Blue Comet. These cars have special chairs and all the comforts of a parlor car, but at day coach rates. If fifty people will notify League Headquarters, 370 Seventh Avenue, New York City, by June 8, of their desire to go on this train, either 11 a. m. or 3.20 p. m., a special car can be arranged for Sunday afternoon, June 16, or Monday morning, June 17. Then the delegates can register in comfort on Monday, and be ready for the opening meeting.

Railway certificates will be sent to the presidents of the state leagues for distribution. Write your state president for a certificate if you are going to Atlantic City. Individual members (in states where there are no state leagues) will please write to National Headquarters for their certificates.

These certificates should be presented to the ticket agent when buying the ticket. If planning for the Jersey Central special car from New York, tell the agent, so that he may give you a ticket by that road.

PROGRAM

The main topics of the program are as follows: "Principles of Administration" (speaker to be announced); "Principles and Practice of Waste Elimination," Mrs. L. Gilbreth; "Mental Hygiene Applied to Personal Relationships," Dr. Esther Richards; "Personnel Management" (speaker to be announced); "Staff Education," (speakers to be announced); "Correlation of Theory and Practice," (speakers to be announced); "Interprofessional Relationships," Mrs. Chase G. Woodhouse, Chairman of Institute of Women's Professional Relationships, also speakers connected with various hospital departments. "Postgraduate Courses," Round Table; "Study of Health in Schools of Nursing," Florence K. Wilson. The opening session and at least one other will take the form of a joint meeting of the American Hospital Association and the National League of

Nursing Education; also a joint banquet has been planned for Thursday evening, June 20.

Nursing Section of the American Hospital Association

PROGRAM

Thursday evening, June 20. "The Grading Program," May Ayres Burgess, Ph.D.; "What Constitutes the Faculty of a School of Nursing," Marian Rottman, Bellevue School of Nursing; "The Effect of Raised Educational Standards of Students and Faculty on Both Schools of Nursing and Hospitals," Ada Belle McCleery, Evanston Hospital, Evanston, Ill.; "What Background of Education and Experience Should We Expect for Members of Faculties of Schools of Nursing?" Margaret Tracy, Yale University School of Nursing, New Haven, Conn.

Joint Meeting

A joint meeting of the National League of Nursing Education and the American Hospital Association will be held on Tuesday, June 18. The topic discussed will be Nursing Education: "From the Standpoint of the Hospital Trustee," Richard P. Borden; "From the Standpoint of the Hospital Superintendent," Dr. Winford H. Smith.

International Council of Nurses

Founded in London, July, 1899

Officers: President, Nina D. Gage, R. N., M.A., United States; first vice-president, Clara D. Noyes, R.N., United States; second vice president, Jean I. Gunn, R.N., Canada; treasurer, E. M. Musson, C.B.E., R.R.C., S.R.N., Great Britain; secretary, Christiane Reimann, R.N., M.A.

MONTREAL, CANADA, JULY 8–13

1. All nurses who have completed their arrangements regarding rooms during the Congress, and have not sent to the Chairman Arrangements Committee, Royal Victoria Hospital, Montreal, information regarding personnel of party and branch of nursing engaged in, please do so as soon as possible.

2. It is absolutely essential that nurses state upon what date they expect to arrive in Montreal, before reservation can be made.

3. Nurses are urged to send requests for reservations to the office of Arrangements Committee as soon as possible.

4. Nurses who have booked reservations in more than one hotel, when only one is needed, are requested to notify the Secretary as to their choice, so that fair play may be accorded to all.

5. Nurses are requested not to make application for accommodation for others than nurses, as the choice accommodation is limited.

6. There are no more single rooms or rooms for two persons now available in hotels, unless parties of two will accept double beds. There is no more available accommodation at the Y. W. C. A., and rooming houses are asking that we accept very large rooms for four persons; some of these will be equipped with double beds only. There are, of course, many single beds and rooms, too. E. Frances Upton, Executive Secretary, Arrangements Committee, Royal Victoria Hospital, Montreal, Canada.

PROGRAM

Sunday, July 7. Special religious services will be arranged for members.

Monday, July 8, 2 p. m., General Session. Chairman, Nina D. Gage, President, International Council of Nurses. The President's Address; Report of the Fifth Congress of the International Council of Nurses; Reports of Secretary, Treasurer, Committee on Arrangements, Committee on Program, Grand Council, of all committees. 5.15–6 p. m., Films, Congress Headquarters. 8 p. m., Opening Session. Chairman, Nina D. Gage, President. Addresses of Welcome by His Excellency, The Governor General of Canada; The Archbishop of Montreal, Monseigneur George Gauthier; The Premier of Quebec, Hon. L. A. Taschereau; The Mayor of Montreal, Mayor Camillien Houde; The President of the Canadian Medical Association, Dr. A. T. Basin; The President of the Canadian Nurses' Association, Mabel Hersey. Response to Addresses of Welcome, Nina D. Gage, President.

Tuesday, July 9, 9.30 a. m., General Session. Chairman, Clara D. Noyes, First Vice president, International Council of Nurses. Roll call by countries; reports of affiliated organizations (in order of affiliation): The National Council of Nurses of Great Britain, The American Nurses' Association, The Nurses' Association of Germany, The Canadian Nurses' Association, The Danish Council of Nurses, The Nurses' Association of Finland, The Nosokomos, Holland, The Trained Nurses' Association of India, The New

Zealand Trained Nurses' Association, The National Federation of Belgian Nurses. "Exchange Scholarships," Alice Lloyd Still, Matron, St. Thomas's Hospital, London. 3 p. m., Meetings of sections: *Nursing Education Section*, Chairman, S. Lillian Clayton, President, American Nurses' Association. "The Preparation of a Curriculum," Dr. E. S. Ryerson, Secretary of the Faculty of Medicine, University of Toronto; "Trends and Development in Vocational Education," W. W. Charters, Ph.D., Professor of Education, University of Chicago, Ill., U. S. A.; "The Community Need in Relation to the Education of the Nurse," Mlle. Chaptal, President, National Association of Trained Nurses of France, Director, Maison-école d'infirmières-privées, Paris. *Public Health Section*, Chairman, President of New Zealand Trained Nurses' Association. "Developments in the Public Health Field," Dr. G. B. Reatta, Director of Dispensaries, Florence, Italy; "The Red Cross Nursing Program," Mrs. Maynard Carter, Chief, Division of Nursing, League of Red Cross Societies. *Private Duty Section*, Chairman, President, The Nurses' Association of Germany. "The Status and Problems of the Private Duty Nurse": Asia, Agnes Chan, Superintendent of Nurses, Wesleyan Hospital, Futshan, Tung, China; Australasia, Speaker from the New Zealand Nursing Federation; Africa, A. Gordon, Matron of the Victoria Nurses' Institute, Cape Town, South Africa; Europe, Else C. Kaltoft, Denmark; America, Janet M. Geister, Director at Headquarters, American Nurses' Association, United States. 5.15–6 p. m., Films, Congress Headquarters. 8 p. m., General Session. Chairman, Mrs. Bedford Fenwick, Founder, International Council of Nurses, President of the National Council of Nurses of Great Britain. "The Watchword," Mrs. Bedford Fenwick. Introduction of Newly Affiliated National Organizations. Greetings from Pioneer Members. "The Future," M. A. Nutting, Emeritus Professor of Nursing Education, Teachers College, New York, U. S. A.

Wednesday, July 10, 9.15–10.45 a. m., Round Table A, "The Need of Education in Mental Nursing in the General Nursing Curriculum," Chairman, Miss S. C. Hoarder, Matron, Bethlehem Royal Hospital, London, S. E. Round Table B, "Utilization and Organization of Teaching Services in Various Public Health Activities Not Under School Control," Chairman, Mlle. Cécile Meshalynck, Director of the Visiting Nurse Association of Belgium. Round Table C, "Economic Aspects of Nursing Education and Nursing Services," Chairman, Nellie X. Hawkinson, Dean, School of Nursing, Western Reserve University, Cleveland, Ohio, U. S. A. Round Table D, "Specialized Training for Private Duty Nurses," Chairman to be appointed by the Nurses' Association of Germany. 11 a. m.–12.30 p. m., Round Table E, "The Public Health Nurse and Social Work," Chairman, Alma C. Haupt, Associate Director, Rural Hospital Division, Commonwealth Fund, New York, U. S. A. Round Table F, "Text and Reference Books for Nurses," Chairman, Zefira Majdrakova, Bulgaria. Round Table G, "The Place of Preventive Medicine in the Curriculum of the School for Nurses," Chairman, J. Romanowska, President of the National Council of Polish Professional Nurses; Supervisor of the Rural Health Centre, Skierniewice, Poland. Round Table H, "Staff Education," Chairman, Mr. Kuo Jung Hsia, Operating Room Supervisor, P. U. M. C. Hospital, Peping, China; Chairman, Headquarters Building Committee of the Nurses' Association of China. 2 p. m., General Session. Chairman, Nina D. Gage, President. "University Schools of Nursing," Annie W. Goodrich, Dean, School of Nursing, Yale University, New Haven, Conn., U. S. A.; "Leadership," Speaker to be appointed by American Nurses' Association; "The Nurse as a Citizen," Sister Bertha Wellin, Member of the Swedish Parliament, President of the Swedish Nurses' Association. 5.15–6 p. m., Films, Congress Headquarters.

Thursday, July 11, 9–10.30 a. m., Round Table A, "Maternal Care," Chairman to be appointed by the National Council of Nurses of Great Britain. Round Table B, "Administration of and Instruction in Wards in Hospitals Not under School Control," Mlle. Chaptal, President, National Association of Trained Nurses of France; Director, Maison-école d'infirmières-privées, Paris. Round Table C, "Red Cross Nursing," Mrs. Maynard Carter, Chief, Division of Nursing, League of Red Cross Societies. Round Table D, "New Ideas and Devices in the Nursing Care of the Patient," Chairman, Nellie Healy, Assistant Superintendent for Child Welfare in Dublin, Irish Free State. 10.45 a. m.–12.45 p. m., General Session. Chairman, Jean I. Gunn, Second Vice President, International Council of Nurses; Superintendent of Nurses, Toronto General Hospital, Toronto, Canada. Reports of Affiliated National Organizations (in order of affiliation): The Nurses' Association of China, Report given by Miss Shih Hsi En, General Secretary, Nurses' Association of China, Peping; The Norwegian Nurses' Association; The South African Trained

Nurses Association; The Bulgarian Nurses' Association; The National Association of Nurses of Cuba; The National Association of Trained Nurses of France; The National Council of Trained Nurses of the Irish Free State; The National Council of Polish Professional Nurses. Reports of National Organizations affiliating at Montreal Congress. Reports of the Associate National Representatives. Reports from other countries. 3 p. m., Meetings of Sections: *Nursing Education Section*, Chairman, Lillian Wu, President, Nurses' Association of China; Superintendent of Nurses, Red Cross General Hospital, Shanghai, China. "Legislation as Related to Nursing," E. M. Musson, Chairman, General Nursing Council for England and Wales; Treasurer, International Council of Nurses; "State Supervision in Schools of Nursing," Adda Eldredge, Director of Nursing Education; Secretary, State Board of Nurse Examiners, State Board of Health, Madison, Wis., U. S. A.; "Opportunities for post-graduate study," speaker to be announced. *Public Health Section*, Chairman, Mlle. J. Hellemans, President, National Federation of Belgian Nurses; Superintendent, St. Elizabeth Hospital, Malines, Belgium. "The Citizen in Relation to the Public Health Program, Canada," "The Study of the Normal Child as a Preparation for Public Health Nursing," Physical Aspects, Mlle. M. Grenier, France, Director, École de Puericulture de la Faculté de Médecine, Paris. Mental Aspects, Winifred Rand, Merrill-Palmer School, Detroit, Mich., U. S. A. Discussion opened by Miss A. Mitchell, Matron of Lady Buxton House, Claremont, South Africa. *Private Duty Section*, Chairman, Cornelia Petersen, director School of Nursing, Aarhus, Denmark. "Developments in Private Nursing," Isabel Macdonald, Secretary, Royal British Nurses' Association; Superintendent of Royal British Nurses' Association's Cooperation of Private Nurses; "The Financial Aspects of Medical and Nursing Services," Elizabeth Fox, National Director, Public Health Nursing Service, American National Red Cross, Washington, D. C., U. S. A. 5.15–6 p. m., Films, Congress Headquarters. 8 p. m., General Session. Chairman, Mabel Hersey, President, Canadian Nurses' Association; Superintendent of Nurses, Royal Victoria Hospital, Montreal, Canada. "The Scientific Method in Social and Health Work," Dr. Julius Tandler, Professor of the University of Vienna, Austria; Health and Welfare Commissioner of the City of Vienna; "The World's Health," Dr. J. L. Bigger, National Commissioner, Canadian Red Cross Society.

Friday, July 12, 9.15–10.45 a. m., Round Table A, "The Cooperation between Sister Tutors and Ward Sisters in the Training of the Student Nurse," Chairman, Mrs. L. L. Bennie, President of the South African Trained Nurses' Association. Round Table B, "Nursing in Relation to Mental Hygiene from the Standpoint of the Community," Chairman, Katharine Tucker, General Director, National Organization for Public Health Nursing, New York, U. S. A. Round Table C, "Health of Student Nurses," Chairman, Sister Andrea Arntzen, Superintendent of Nurses, Ullevaal Hospital, Oslo, Norway. Round Table D, "Community Organization for Health Work," Chairman, Miss H. L. Pearse, Superintendent of School Nurses under the London County Council, England. Speaker, Hester Viney, College of Nursing, England. Round Table I, "Government Nursing Services," Chairman, Elinor D. Gregg, Chairman, Government Section, American Nurses' Association; Supervisor of Nurses, United States Indian Service, Department of the Interior, Office of Indian Affairs, Washington, D. C., U. S. A. 11 a. m.–12.30 p. m., Round Table E, "Recreation and Other Activities of the Student Nurse," Chairman to be appointed by the Nurses' Association of Finland. Round Table F, "The Purpose, Scope and Arrangement of Practical Field Work in the Training Course in Public Health Nursing," Chairman, Miss E. K. Russell, Director of Public Health Nursing, University of Toronto, Canada. Speaker, Eunice Dyke, Department of Public Health, City Hall, Toronto. Round Table G, "University Relations in Schools of Nursing," Chairman to be appointed by the New Zealand Trained Nurses' Association. Round Table H, "In What Cases Can Visiting Nursing Be Substituted for Private Duty Nursing?" Chairman, Miss W. G. Sexton, Secretary of the National Association of District Nurses in Holland. 2 p. m., General Session. Chairman to be appointed by the Italian Nurses' Association. "The Need for Publicity in Nursing," Miss G. Cowlin, Librarian, College of Nursing, Editor, *Nursing Times;* or Miss M. S. Rundle, Secretary, College of Nursing, Great Britain. "Rural Nursing," Nikica Bovolini, Instructor, School of Nursing, Belgrade, Yugoslavia; Alexandra M. Wacker, State Hygienic Institute of Hungary, Budapest; Mary K. Nelson, Franklin County Memorial Hospital, Farmington, Maine; Elizabeth Smellie, Chief Superintendent, Victorian Order of Nurses for Canada, Ottawa, Ont., Canada.

Saturday, July 13, 9.15 a. m., General

Session. Chairman, Nina D. Gage, President, International Council of Nurses. Resolutions from Sections, Resolutions from Round Tables, Report from Grand Council, General Business Session. 8 p. m., General Session. Chairman, Nina D. Gage, President. "The Interdependence of Nations (speaker not yet assigned.) Introduction of newly-elected officers. Addresses of Farewell: Asia, Miss C. F. Slater, Dublin University Mission, Hazaribagh, India; Australasia, President or representative of New Zealand Trained Nurses' Association; Africa, Mrs. L. L. Bennie, President of the South African Trained Nurses' Association; North and South America, President or representative of the National Association of Nurses of Cuba; Europe, President or representative of the Nurses' Association of Finland.

Transportation

Convention rates of fare and one-half will be authorized on the *Identification Certificate Plan*. These will be distributed through the state chairmen, whose names will be found in the March *Journal*, p. 255. Tickets may also be sold for this convention on the basis of fare and three-fifths with final return limits of thirty days. The round trip tickets will be sold at the starting point. For some sections the usual summer rates may be less expensive. Consult local ticket agent for comparative prices and dates of sale. *All* tickets must be validated by a ticket agent at Montreal before the return journey is commenced. (Validated under the Identification Certificate Plan, simply means stamping of the ticket by the ticket agent.)

Special trains will leave via Delaware and Hudson and New York Central on July 7 according to the following schedule:

8:40 p. m., Grand Central Terminal, New York City.
8:50 " 125th St., New York City.
9:20 " Harmon, N. Y.
10:20 " Beacon, N. Y.
10:45 " Poughkeepsie, N. Y.
12:20 a. m. (July 8), Troy, N. Y.
Arriving Montreal 6:55 a. m., July 8th. All time is Eastern Standard Time.

All nurses should reach Montreal by the morning of Monday, July 8, as the first meeting is at 2 p. m.

As soon as definite schedules from other section chairmen are received, they will be printed in this magazine.

Caroline Garnsey, Room 1641, 370 Seventh Avenue, New York City, is National Chairman of Transportation. Information relative to post-convention tours and trips abroad may be obtained from her.

Arrangements have been made by Thomas Cook & Son, Geneva, Switzerland, with the North Atlantic Passenger Conference Lines for certified delegates traveling to the Congress to Montreal, in first, cabin, second, and tourist third cabin classes, to receive 20 per cent reduction off *single* fares in either or both directions (not off return ticket fares), but this reduction is applicable only to sailings between the following dates: from Europe, November 1–July 16; from U. S. A. or Canada, August 16–November 15, and March 1–May 15. Applicants for the rebate must produce at time of booking their passages, a certificate issued by their National Nursing Organization certifying they are *bona-fide* delegates to the Congress.

An Invitation to Manitoba

Visitors to the International Congress of Nurses Convention are cordially invited to Manitoba. Winnipeg is the capital of Manitoba, the third largest city in Canada. It is the Gateway of the Canadian West. It is within a day's distance of mountain ranges, beautiful valleys, rolling prairie, sparkling lakes, untouched forests, and rocky areas where mining claims lure the adventurous.

Nurses who wish to take a holiday where everything is different will enjoy a trip up Lake Winnipeg to historic Norway House, or a trip to the North via the new Hudson Bay Railway (which will be ready for passenger service by July).

And nurses who wish to visit institutions and organizations in order to become acquainted with the nursing services of the province can have arrangements made for this purpose. Information can be obtained from the Convener, Hospitality Committee, Manitoba Association of Registered Nurses, 753 Wolseley Avenue, Winnipeg, Manitoba.

International Catholic Guild of Nurses

On March 15, a new magazine for nurses made its appearance. It is the *Courier of the I. C. G. N.* (the International Catholic Guild of Nurses). The editorial offices are in the Auditorium Hotel, Chicago. This first issue contains "The Why of the Guild," by Father Garesché, its Spiritual Director, and other informative articles.

The fifth annual convention of the Guild

will be held in Montreal, Canada, July 5–7. The program is as follows:

July 5. 10 a. m., Opening session, addresses of welcome and an address on the ideals and achievements of the Guild. 10.45, Round table, "Educating Nurses for Character and Personality." 12, Luncheon, with brief talks by international visitors. 2 p. m., Round table, "University affiliation and Educational Standards of Catholic Schools of Nursing" by representatives of Catholic universities offering affiliation. 3.15, "Methods and Problems of Teaching"; 4, "Scholarships for Undergraduate Students." 8 p. m., Addresses on Extramural Activities—The Private Duty Nurse, Alumnae Associations, The Nurse and Social Service, Hourly and Group Nursing.

July 6. 10 a. m., "The Grading Committee in Relation to Catholic Schools of Nursing"; "Catholic Montreal: Its Past and Present"; "Standards and Opportunities in Governmental Service." 12, Luncheon with informal addresses on nursing opportunities. 2 p. m., I. C. G. N. organization; annual business meeting. 7 p. m., Banquet.

July 7, Sunday. 2 p. m., Round table, "Religious Societies and Organizations for Nurses."

Army Nurse Corps

During the month of March, 1929, orders were issued for the transfer of the following named members of the Army Nurse Corps, to the stations indicated: To Fort Eustis, Va., 1st Lieut. Burdette B. Shover; to Jefferson Barracks, Mo., 2nd Lieut. Alice J. Johnson; to Army and Navy General Hospital, Hot Springs National Park, Ark., 2nd Lieut. Margaret M. Shook; to Letterman General Hospital, San Francisco, Calif., 2nd Lieut. Mary F. Galli; to Fort McPherson, Ga., 2nd Lieut. Charlotte Dresser; to Fort Sam Houston, Texas, 2nd Lieut. Clara Swenson; to Fort Sill, Okla., 2nd Lieut. Alice C. Wickward; to Walter Reed General Hospital, Washington, D. C., 2nd Lieuts. Helen A. Dugan, Elizabeth A. Hagerty, Frances M. Sternberg, Frances M. Poole, Jessie C. Thompson; to William Beaumont General Hospital, El Paso, Texas, 2nd Lieuts. Margaret H. Cain, Blanche Kingsley, Virginia Kilroy, Jean G. Mackenzie; to Hawaiian Department, 2nd Lieuts. Margaret Lydon, Anna Mary Grassmyer, Cora L. Hammond; to Philippine Department, 1st Lieut. Alice M. Tappan, 2nd Lieuts. Katie Murphy, Catherine E. Wick, Dorothy Shreve, Esther Craney, Martha J. Clement.

Thirteen have been admitted to the Corps as Second Lieutenants.

The following named are under orders for separation from the Corps: Sara J. Early, Sara M. Tilton, Louise R. Irvin, Alice L. Voxland, Hattie Feather, Luella Lokensgaard.

JULIA C. STIMSON,
Major, Army Nurse Corps,
Superintendent.

Navy Nurse Corps

During the month of March five nurses were appointed and assigned to duty.

Transfers: To Boston, Mass., Marie C. Boyle; to Great Lakes, Ill., Elizabeth K. Esser, Mary A. Allen, Elizabeth A. Westmacott, Chief Nurse; to Guam, M. I., Ruby Russell, Chief Nurse; to League Island, Pa., Anita M. High, Caroline M. Thompson, Mary M. Maxey, Chief Nurse; to Mare Island, Calif., Annie G. Hamilton, Sarah Almond, Chief Nurse; to New London, Conn., Lela B. Coleman, Chief Nurse; to New York, Bertha I. Myers, Chief Nurse, Martha Eppes Page; to Norfolk, Va., Lillian Hankey, Chief Nurse, Hannah M. Workman, Chief Nurse; to Port Au Prince, Haiti, Helen C. McLeish; to Parris Island, S. C., Elizabeth M. Schaak; to San Diego, Calif., Elsie A. Kempf; to Washington, D. C., Laura M. Stith; to Washington, D. C., Dispensary, Mary T. O'Connell.

Promotion: Mary M. Maxey to Chief Nurse.

The following nurses have been separated from the Service: Louise H. Kafka, Ruth G. Olmstead, Mary A. Peart, Vista C. Stecher.

J. BEATRICE BOWMAN,
Supt., Navy Nurse Corps.

U. S. Public Health Service

The following transfers, reinstatement and new assignments have been made in the U. S. Public Health Service during the month of March, 1929:

Transfers: To Memphis, Tenn., Zuleika Simes; to Baltimore, Md., Winnie Stinson; to Angel Island, Calif., Agnes Corcoran.

Reinstatements: Margaret Cheshire, Margaret Murphy.

New assignments: Seven.

LUCY MINNIGERODE,
Supt. of Nurses, U. S. P. H. S.

United States Veterans' Bureau

REPORT OF NURSING SERVICE, MARCH, 1929

Separations: Twenty-one.

Assignments (new): Twenty-nine.

Reinstatements: Virginia Wadsworth, Anne E. DeVore, Thankful M. Fishering, Freda Bennett, Marion H. Traub, Emma Myrtle Davis, Mary C. Burke, Kate Cullen.

Transfers: To Chillicothe, O., Augusta Spillman; to Excelsior Springs, Mo., Etta May Mason, Chief Nurse; to Lake City, Fla., Lucille Rhodes; to Tucson, Ariz., Catherine Moseley; to Memphis, Tenn., Elise Moore; to Atlanta, Ga., Annie McCall; to Hines, Ill., Clara Espey; to Washington, D. C., Anna L. Davis; to Bedford, Mass., Ruth L. Clark; to Ft. Snelling, Minn., Martha Walter.

MARY A. HICKEY,
Supt. of Nurses, U. S. V. B.

American Conference on Hospital Service

The annual meeting of the AMERICAN CONFERENCE ON HOSPITAL SERVICE was held on February 19, in the Palmer House, Chicago. The program was devoted to the subject, "Hospitals for Convalescents", and the speakers were: Dr. E. H. Lewinski-Corwin of New York who, in discussing "Convalescent Centers," presented a vivid picture of the need for such facilities; Dr. Newell G. Gilbert, on "Cardiac Convalescence"; Dr. Carl H. Davis of Milwaukee, on "Obstetrical Convalescence"; Dr. John S. Coulter, on "The Value of Physiotherapy in Convalescence." At the meeting of the delegates, in the evening, officers were elected: Honorary President, Frank Billings, M.D.; president, Harry E. Mock, M.D.; vice presidents, Ralph B. Seem, M.D., Hoyt E. Dearholt, M.D.; secretary, Evelyn Wood, R.N.; treasurer, Volney S. Cheney, M.D.

Protestant Hospital Association

The American Protestant Hospital Association will hold its ninth annual meeting at the Hotel Traymore, Atlantic City, N. J., June 14–17. The principal features of the program are:

June 14, *Afternoon Session:* "The Healing Question," Dr. Charles C. Jarrell of Atlanta, Ga.; "Discounts, Vacations, Sick Leaves," A. G. Hahn, Evansville, Ind.; "Standardization of Supplies," John H. Olsen, Brooklyn, N. Y.; "Some Requisites for the Proper Conduct of a Hospital," E. S. Gilmore, Chicago. Round Table conducted by Dr. Charles S. Woods, Cleveland, O.—"The Superintendent," Thomas Dawkins, Port Chester, N. Y.; "The Nurse," Mary Miller, Pittsburgh, Pa.; "The Doctor," Dr. B. A. Wilkes, St. Louis, Mo.; "The Responsibility of Departmental Supervisors," Mary A. Middleton, Philadelphia. *Evening Session:* "The Health Services of Great Britain," Godfrey H. Hamilton, London, England; Address of the President, Dr. J. H. Bauernfeind, Chicago.

June 15, *Morning Session:* "A Constructive Program for Individual Health Instruction To Be Given in the Hospital," Dr. J. C. Hiebert, Boston; "Hospital Nursing," Emily Loveridge, Portland, Ore. Round table conducted by Dr. James E. Holmes, New York—"Training for Bedside Nursing," Martha Avard, Boston, Mass.; "The Model Patient," Gertrude Hoe, Waterloo, Iowa. *Afternoon Session:* "Remedy for Charity Burden Caused by Automobile Accidents," J. B. Franklin, Atlanta, Ga.; "Financing Capital Accounts," A. M. Calvin, St. Paul, Minn.; "Operating under a Budget," Rev. John E. Lander, Wichita, Kans.; "Planning Hospital Equipment and Furnishing," Paul H. Fussler, Minneapolis. Round table—"Economic Engineering in Appointments," Austin Shumake; "When Are Hospital Facilities Well Balanced?" Dr. T. R. Purton, Chicago; "Arrangements," Robert Jolly, Houston, Texas. *Evening Session:* Banquet.

Sunday, June 16, *Afternoon Session:* "The Rise and Development of Presbyterian Hospitals," Dr. Demetrius Tillotson, Denver, Colo.; "Christ in the Hospitals of Today." *Evening Session:* Addresses by Rev. John Martin, Newark, N. J., and Bishop Sprung, Chicago.

June 17, *Morning Session:* "The Hospital Problem of the Duke Foundation," Dr. W. B. Rankin, Charlotte, N. C.; "Winning the Public," Thomas A. Hyde, Jersey City, N. J. Round table conducted by Robert Jolly—"Publicity," C. S. Fitcher, Philadelphia; "Practice of Economy," I. W. J. McClain, Utica, N. Y.; "Administration," E. I. Erickson, Chicago; "Service," H. L. Pritzchel, Milwaukee; "The Practice of Hospital Ethics," J. Dewey Luten, Chicago.

Children's Hospital Association of America

ATLANTIC CITY, JUNE 20, 1929

Dr. Howard Childs Carpenter, President

PROGRAM

Morning, 9.30 a. m., "Greetings from American Hospital Association," Dr. Louis H. Burlingham, President; "Preparation and Orientation of Child Welfare Work in Europe," Dr. René Sand, President, International Hospital Congress; "The Children's Hospital and Child Welfare," Grace Abbott, Chief, Children's Bureau, Washington, D. C.; "The Children's Hospital in its Relationship to the Child Health Program of the Community," Dr. A. Graeme Mitchell, Chief of Staff, Children's Hospital, Cincinnati.

Afternoon, 2.00 p. m., "General and Special Diets in a Children's Hospital," Nell Clausen, Children's Hospital, Milwaukee; "How Can a Children's Hospital Obtain the Best Working Medical Staff?" Dr. J. Claxton Gittings, Medical Director, The Children's Hospital, Philadelphia; "Management of Surgery in a Children's Hospital," Dr. Stanley J. Seeger, Children's Hospital, Milwaukee; "The Convalescent Hospital for Children," Margaret Rogers, Superintendent, Children's Hospital, Detroit; "The Hospital Care of Crippled Children," Byrd Boehringer, Superintendent, Shriners' Hospital for Crippled Children, Greenville.

United States Civil Service

The United States Civil Service Commission announces an open competitive examination for positions in the Departmental Service, U. S. Veterans Bureau, Public Health Service and Indian Service. Applications will be received until June 29. Details may be ascertained by writing the U. S. Civil Service Commission, Washington, D. C.

Summer Courses

The list of summer courses published in the April *Journal* is repeated here in abridged form; we are giving also a list of courses for public health nurses for which we are indebted to the *Public Health Nurse*. (For details of these public health courses, see the *Public Health Nurse*, April, pages 188–189.)

The announcements of Institutes will be found under the state headings.

COURSES IN ADMINISTRATION OR TEACHING

California: Berkeley.—The UNIVERSITY OF CALIFORNIA, July 1–August 10.

Colorado: Greeley.—COLORADO STATE TEACHERS COLLEGE, July 22–August 24.

Illinois: Chicago.—UNIVERSITY OF CHICAGO, June 17–24 and July 25–August 30.

Louisiana: Baton Rouge.—LOUISIANA STATE UNIVERSITY.

Massachusetts: Boston.—SIMMONS COLLEGE, July 1–August 10.

Minnesota: Minneapolis.—UNIVERSITY OF MINNESOTA, June 17–July 27.

Nebraska: Omaha.—CREIGHTON UNIVERSITY, May 22–July 3.

New York: New York.—COLUMBIA UNIVERSITY, Teachers College, July 8–August 16.

Tennessee: Nashville.—PEABODY COLLEGE, June 10–July 20.

Virginia: University.—UNIVERSITY OF VIRGINIA, June 17–July 27 and July 29–August 30.

Washington: Seattle.—UNIVERSITY OF WASHINGTON, June 18–July 25.

PUBLIC HEALTH AND SCHOOL NURSING

California: Berkeley and Los Angeles.—UNIVERSITY OF CALIFORNIA, July 1–August 10.

Florida: Gainesville.—TEACHERS COLLEGE AND NORMAL SCHOOL, June 10–August 3.

Illinois: Chicago.—UNIVERSITY OF CHICAGO, June 17–July 24 and July 25–August 30.

Massachusetts: Cambridge.—MASSACHUSETTS INSTITUTE OF TECHNOLOGY, July 1–23. Hyannis.—HYANNIS NORMAL SCHOOL AND MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH, July 1–August 10.

Michigan: Ann Arbor.—THE UNIVERSITY OF MICHIGAN, June 24–August 3.

Minnesota: Minneapolis.—THE UNIVERSITY OF MINNESOTA, June 17–July 27.

New York: Buffalo.—STATE TEACHERS COLLEGE, July 8–August 16. Ithaca.—CORNELL UNIVERSITY, Summer session. New York.—COLLEGE OF PHYSICIANS AND SURGEONS, June 10–29. TEACHERS COLLEGE, July 8–August 16.

Ohio: Cleveland.—WESTERN RESERVE UNIVERSITY, June 24–August 3.

Pennsylvania: Philadelphia.—PENNSYLVANIA SCHOOL OF SOCIAL AND HEALTH WORK, June 24–August 2.

Tennessee: Nashville.—GEORGE PEABODY COLLEGE, June 10–July 20 and July 20–August 24.

Washington: Seattle.—UNIVERSITY OF WASHINGTON, tests begin June 18 and July 25.

COURSES FOR TEACHERS OF RED CROSS CLASSES

California: Berkeley.—July 1–August 10.
Colorado: Fort Collins.—July 27–August 30.
New York: Buffalo.—July 1–August 9.
Pennsylvania: State College.—July 1–August 10.

OTHER COURSES

California: Palo Alto.—STANFORD UNIVERSITY, Health Department Administration, June 21–July 25.

Connecticut: New Haven.—SILVER SANDS SUMMER SCHOOL, orthopedic gymnastics and massage, July 15–August 24.

Massachusetts: Boston.—HARVARD MEDICAL SCHOOL, physiotherapy, June 19–August 2.

Nebraska: Lincoln.—UNIVERSITY OF NEBRASKA, Health Education, June 10–August 8.

New York: New York.—NEW YORK UNIVERSITY, School of Education, Principles of Teaching Health. Registration, July 1. Rochester.—UNIVERSITY OF ROCHESTER, Methods of Health Education and Mental Hygiene, June 26–August 2.

State Boards of Examiners

Colorado: The COLORADO STATE BOARD OF NURSE EXAMINERS will hold an examination in Denver, on May 14 and 15, 1929, to examine nurses for a license to work in Colorado. For further information address Irene Murchison, Secretary, Capitol Building, Denver.

Florida: THE FLORIDA STATE BOARD OF EXAMINERS OF NURSES will hold its annual meeting for the examination of nurses at the Seminole Hotel, Jacksonville, June 3–6. Anyone desiring to come before the Board will have that privilege from 3 to 5 p. m., Monday, the 3rd. Examination of graduate nurses will be held Tuesday and Wednesday, the 4th and 5th, commencing at 9 a. m. Examination for licensed attendants will be held on Thursday, June 6, commencing at 9 o'clock. All applicants are expected to bring pens, ink, blotters and erasers.—Mrs. Louise B. Benham, Secretary-Treasurer.

Kansas: The KANSAS STATE BOARD FOR EXAMINATION AND REGISTRATION OF NURSES will hold the next examination on May 28 and 29, 1929, in the Senior High School Study Hall, at Emporia, Kansas. All applications shall be sent to the Secretary, Cora A. Miller, Newman Memorial County Hospital, Emporia, not later than May 15, 1929.

Kentucky: An examination for graduate nurses will be conducted by the KENTUCKY BOARD OF NURSE EXAMINERS, in Louisville, on the 21st and 22d days of May, 1929. All necessary information and applications may be secured by writing to Flora E. Keen, Secretary, Thierman Apt. C-4, Louisville.

Michigan: The MICHIGAN BOARD OF REGISTRATION OF NURSES AND TRAINED ATTENDANTS will hold an examination for graduate nurses and trained attendants in Lansing, June 6 and 7, 1929. For the benefit of nurses in the Upper Peninsula, the Michigan Board of Registration of Nurses and Trained Attendants will hold an examination in Marquette, June 26 and 27, 1929.

Missouri: The MISSOURI STATE BOARD OF NURSE EXAMINERS will hold its next examination in St. Louis and Kansas City, May 2 and 3, 1929. Jannett G. Flanagan, Secretary.

Oklahoma: The OKLAHOMA STATE BOARD OF NURSE EXAMINERS will hold an examination for graduate nurses in Oklahoma City, June 5 and 6. Mrs. Candice M. Lee, Secretary, R. 4, Oklahoma City.

South Dakota: Because of an amendment recently secured, all nurses registered in South Dakota are notified that the South Dakota law requires each nurse to renew his or her registration on or before the first day of July of each year, by sending to the Secretary of the Examining Board, Rapid City, the required fee of one dollar. Every certificate of registration which has not been renewed during the month of July, in any year, shall expire on the 31st day of August in that year. This is effective July 1, 1929. Mrs. Elizabeth Dryborough, Secretary.

Vermont: There will be held examinations for all graduate nurses of the state, May 2 and 3, 1929, at Montpelier State House, Vermont. Board of Registration, Hattie E. Douglass, Secretary.

Wisconsin: The next WISCONSIN STATE BOARD examination for registration of nurses will be held in the City Hall, Milwaukee, and in the High School, Eau Claire, on June 4, 5, 6 and 7.

Wyoming: The WYOMING STATE BOARD OF NURSE EXAMINERS will hold examination and registration for nurses, June 3–5, inclusive. All applications to be filed with the Secretary, by May 20. Mrs. H. C. Olsen, Secretary, 3422 Warren Avenue, Cheyenne.

The 1929 Wyoming Legislature passed a bill providing for an inspector for schools of nursing. The State Board of Nurse Examiners and State Nurses' Association feel this is quite an accomplishment, as they have been trying for some years to have this bill passed.

State Associations

California: The California State Nurses' Association will hold its annual meeting in Sacramento, June 17–22. An outline of the program will be found in the April *Journal*, pages 493–494.

District of Columbia: The Graduate Nurses' Association of the District of Columbia will hold its annual meeting in Washington, May 6 and 7.

Iowa: The Iowa State League of Nursing Education will conduct its fifth annual institute at the University Hospital, Iowa City, May 10–11. An outline of the program will be found on page 514.

The Forty-third General Assembly, recently adjourned, has relieved the Iowa State Association of Registered Nurses of paying one-third of the salary of the State Director of Nursing Education, by appropriating the entire amount. The Assembly also passed a law creating a Division of Inspection in the State Department of Health, the purpose of which is to investigate violations or suspected violations of any of the provisions of the acts governing the various professions. This includes the nursing practice act.

Kentucky: The Kentucky State Association will hold its annual meeting in Frankfort, June 6–8.

Mississippi: The Secretary of the State Association, Miss Syd Vaughan, has resigned. She is succeeded by Mrs. Ines Breland Hooper, City Auditorium, Jackson.

Ohio: The twenty-fifth Anniversary Convention of the Ohio State Nurses' Association was held in Cincinnati April 10–13, inclusive. Districts Nos. 2, 5, 7 and 14 served as assistant hostesses with District No. 8, the Cincinnati district, in celebrating this Silver Anniversary of the Association. All the meetings were held in the Hotel Sinton. Five hundred and five nurses registered during the convention and many more attended special sessions which were held in the ballroom, as the capacity of the ballroom is more than 1,000 and practically all the seats were occupied at many of the sessions.

The convention opened with a meeting of the Advisory Council Wednesday evening; all districts and a large number of alumnae associations were represented. These representatives gave interesting reports of the work accomplished during the past year. With few exceptions, every association has contributed financially to the building of nurses' homes; equipping classrooms with special equipment and books; providing scholarships for undergraduate and postgraduate work, endowing beds and providing sick benefit funds. This was a very interesting and inspiring meeting. An informal reception followed.

On Thursday, April 11, Rt. Rev. Charles G. Reade, St. Barnabas Guild Chaplain, Cincinnati, gave the invocation; the address of welcome was given by A. C. Bachmeyer, M.D., Dean, College of Medicine, University of Cincinnati, who urged that the Association assist the Ohio Hospital Association in working out a plan for graduate service in hospitals, mentioning group and general duty nursing. Clara F. Brouse, President of the State Association, responded to the address of welcome. The President's annual address was given in the form of a history of the Association during the past twenty-five years. She called upon all ex-presidents to give the outstanding points of interest during their administration, and then read excerpts from a report submitted by the former presidents of work accomplished during their tenure of office. This report will be printed in full in the July number of the *Quarterly Bulletin*. Interesting reports were given by the Secretary, Treasurer, General Secretary, Chief Examining Nurse, section chairmen, district presidents, American Red Cross Nursing Service, Emergency Fund Committee and other standing and special committees. Matilda Johnson, who was President in 1909–10, gave an interesting paper on "Annuity Insurance for Nurses," emphasizing the Harmon Plan. Mary M. Roberts, Editor of the *American Journal of Nursing*, followed Miss Johnson, and brought out some special phases of the Harmon Plan. She then gave a very interesting talk on the *Journal*, using a graph which emphasized the fact that although the membership of our Association has increased steadily, our subscriptions to the *Journal* have not kept pace with it. She brought out several important facts which had to do with the publication of the *Journal*, among these was the increase in interest since the two *Journal* offices had been combined, and changes which have been made in the *Journal* making it desirable for use as a textbook by instructors in schools of nursing. She emphasized the

fact that the *Journal* is our own publication and that every nurse should be a subscriber.

A tea, given jointly by the Jewish and Children's Hospitals, held in Vincent Hall.

The Historical Review Pageant on Thursday evening was sponsored by the Section on Nursing Education of District No. 8, and was very beautiful and instructive. Seventeen student nurses from the Senior classes of the various schools of nursing represented characters in the history of nursing. The manuscript for the pageant was compiled by Anna M. Drake. The outstanding feature of this evening's session was the awarding of three prizes, which were pieces of beautiful Rookwood pottery, to nurses who were dressed in their school uniforms worn at the time of graduation. One hundred and fifty nurses were in uniform, representing schools of nursing not only in Ohio, but from many other schools of nursing throughout the United States.

Friday morning round tables were held by the following sections: The Section on Nursing Education held two round tables, the first dealing with problems in teaching, at which Corrine Bancroft, Children's Hospital, Cincinnati, presided. Topics: (a) "Record-keeping as Applied to Clinical Experience;" (b) "Record-keeping as Applied to Theory;" (c) "The Use of the Out-patient Department as a Means of Supplementing Ward Experience;" (d) "Factors To Be Considered in Planning Clinical Experience." The second round table for this section dealt with problems in administration. Huldah M. Wyland, Principal, Robinwood Hospital School of Nursing, Toledo, presided. Topics: (a) "The Value of Staff Education;" (b) "Health of the Student Nurse;" (c) "The Relationship of the Alumnae to the School of Nursing;" (d) "Developing Friendliness between students of Local Schools;" (e) "Scholarships for Student Nurses (Interesting Boards of Trustees)." Section on Public Health Nursing, Mrs. Louise K. Tooker, Chief Nurse, Cincinnati City Board of Health, presided. Topics: (a) "The Content of a Nurse's Visit to a Tuberculosis Patient;" (b) "Relation of Industrial Nursing to Public Health Nursing;" (c) "The Work of a Nurse in Physical Examinations of School Children;" "Duties of a School Nurse in General." Section on Private Duty Nursing, Anna Gladwin, Akron, Chairman, National Section on Private Duty Nursing, presided. Topics: (a) "Hourly Nursing Today;" (b) "Ten-hour Duty;" (c) "Why Is It Difficult To Secure Nurses for Night Duty?" (d) "What Can Be Done To Make Rural Private Duty Nursing Attractive?" (e) "Which Makes the Best Nurse for Hourly Nursing—Public Health or Private Duty?"

Nellie X. Hawkinson, R. N., Chairman of the State Section on Nursing Education, presided at the Friday morning's session. W. W. Charters, Ph.D., Director of the Bureau of Educational Research, Ohio State University, Columbus, gave an address on "Staff Education" of which the keynote was friendliness. This address will appear later in the *Journal*. Mary M. Marvin, Teachers College, Columbia University, gave an interesting paper on "The Head Nurse, Her Responsibilities and Preparation." This paper will also be printed in the *Bulletin*. Carl W. Wilsbach, M.D., Secretary of the Cincinnati Social Hygiene Society, gave an interesting address on "Social Hygiene." This was followed by a paper on "Social Hygiene from the Public Health Nurse's Point of View," prepared by Ellen Nicely, Cleveland. Anna Heisler, American Child Health Association, New York City. The "History of Public Health Nursing in Ohio" was given by Jane L. Tuttle, who was President of the State Association, 1917–18, and who has been and is at the present time Superintendent of the oldest Visiting Nurse Association in Ohio. Miss Tuttle brought out many interesting points—one of the outstanding points that nurses themselves were responsible for starting the first visiting nursing in Ohio. This history will appear in full in the *Quarterly Bulletin*. I. Malinda Havey, Assistant Director of American Red Cross Public Health Nursing Service, Washington, D. C., gave an interesting address on the work of the American Red Cross.

Two special Round Tables were held; one for presidents and vice presidents of alumnae and district associations and Boards of Trustees of each of these Associations. V. Lota Lorimer, R. N., President, State Association, 1926–28, presided; a second Round Table for secretaries and treasurers of district and alumnae associations, was presided over by Caroline V. McKee, President, 1924–25. These two Round Tables were a new feature, and judging from the attendance and interest, a great deal of helpful information was gained. There was also a Round Table for Red Cross Committees. Marguerite E. Fagan, presided.

The annual subscription banquet was held in the ballroom of the Hotel Sinton, Friday evening. A special table was arranged for charter members and ex-presidents of the State Association. The following charter members attended; Mrs. Elizabeth Mason Hartsock; Mrs. Sarah Halbert Kennedy; Florence Schryver; Ida M. Helbeth; Harriet Pellman; Nell P. Issminger; Olive Sisley and

Elizabeth Petering: The following former presidents attended: Mary M. Roberts; Mary E. Gladwin; Matilda L. Johnson; Jane L. Tuttle; Augusta M. Condit; Caroline V. McKee; and V. Lota Lorimer. Telegrams of greeting and regrets at inability to be present were received from the following former presidents: Mary Hamer Greenwood, London, Eng.; Marie A. Lawson, Chicago; Laura R. Logan, Chicago; Claribel A. Wheeler, St. Louis; Grace E. Allison, Troy, N. Y., and from a charter member, Emma Doe, Columbus. Letters from three charter members unable to be present were also read.

Directly in front of this special table, a speakers' table was arranged for members of the State board of trustees; section chairmen; committee chairmen; assistant hostesses and guests of honor. A huge birthday cake with 25 candles and the lettering "25th Anniversary, Ohio State Nurses' Association" was placed directly in front of the speakers' table, and there were small cakes with candles on the other tables.

A program followed, which included the presentation of the silver offering to the State Association by Eva L. Freeman, Chairman of the Ohio Emergency Fund Committee. Miss Freeman gave this report in symposium form, asking each District to report the amount of money raised for this Fund, which amounted to $7,123.23 and a number of contributions yet to be sent in. Miss Brouse, President, presented certificates to the charter members and former presidents of the Association. These were hand painted and beautifully illuminated, bearing the following inscription: "In appreciation of (name of nurse) charter member whose vision and courage have inspired and guided professional nursing through twenty-five years this is gratefully presented by the Ohio State Nurses' Association. O. S. N. A. 1904-1929." Mary E. Gladwin, President of the Association, 1912-14, gave an inspiring address on "Beauty."

On Saturday morning, Caroline V. McKee, President, 1924-25, gave a most interesting paper on "The Selection of Students for Accredited Schools of Nursing." Angelo Doherty, business manager of the Cincinnati General Hospital, gave a talk on "The Legal Aspects of Drugs:" (a) Changing Labels; (b) Responsibility of the Hospital to Errors in Dosage or Drugs; (c) The Making of Solutions by the Nurse. Mary M. Roberts, President, 1915-17, gave an interesting address on "The Effect of the Grading Committee's Report on the Future Development of Nursing Education," stating that true loyalty to the great traditions of nursing involves changing with the times. Miss Roberts urged every school to fill out and return the questionnaires of the Grading Committee. This address will be printed in the *Quarterly Bulletin*.

At the closing business session the following officers were elected: President, Clara F. Brouse, Akron; vice presidents, Anna Gladwin, Akron, and Marguerite Fagen, Cincinnati; secretary, Margaret Kaufman, Cincinnati; treasurer, Rachel L. Kidwell, Columbus.

Pennsylvania: Pittsburgh.—The PENNSYLVANIA LEAGUE OF NURSING EDUCATION will conduct an Institute at the University of Pittsburgh, May 27–June 1. The chairman of the Institute is Annie Grass, Presbyterian Hospital, Pittsburgh.

Rhode Island: The RHODE ISLAND STATE NURSES' ASSOCIATION held its quarterly meeting, April 3, at Butler Hospital, Providence. The new plan of the Harmon Association for annuities for nurses was explained by Harry Tobin and was discussed by Winifred L. Fitzpatrick. Virginia Heal, of the United League of Women Voters, explained various bills which have been before the legislature, and emphasized the importance of keeping informed on such matters. A demonstration, in the form of a play, was given by four members of the Providence District Nursing Association, showing a typical visit made by a nurse to a family ill with tuberculosis.

South Carolina: The SOUTH CAROLINA STATE NURSES' ASSOCIATION held its twenty-second annual convention in Columbia, April 3–5, at the Jefferson Hotel. The Association was cordially welcomed by E. P. Hodges on behalf of the city of Columbia, by F. W. Coppleman on behalf of the Chamber of Commerce, by Mrs. Fletcher Spigner on behalf of the Women's Clubs, and by Etta Watts on behalf of District 3. The response was by Miss A. B. Commer of Florence. Dr. Heyward Gibbes, of Columbia, read a paper on "The Need of More Effective Nursing Legislation in South Carolina," which was very much enjoyed.

Wednesday afternoon was devoted to papers and addresses. The Public Health Section was presided over by Ellie C. Nelson of Charleston. Dr. J. I. Waring of Charleston read a most interesting paper on "Remarks on Nutrition." Dr. Sylvia Allen, also of Charleston, read a splendid paper on "The Mental Hygiene of Nursing." Dorothy

Deming was present from National Headquarters, and spoke about "Opportunities in Public Health Nursing." Nina D. Gage, Executive Secretary of the National League of Nursing Education, entertained the listeners with a paper about "The Twentieth Century Nurse." Both visitors brought greetings from their organizations.

At 5 p. m. the Chamber of Commerce took the nurses for a ride over the city. Following this, was a tea at the Governor's Mansion, where Mrs. John G. Richards welcomed the nurses in her most gracious manner.

At 8 p. m. Dr. Remington's paper, "The So-called Mineral Factor in Nutrition," was interesting and instructive, and brought to a close a very full day. At 9.30 the nurses were given a lovely dance by Mr. and Mrs. J. S. Dunbar of Columbia.

On Thursday, at 10 a. m., Mrs. John Drake, Chairman, Legislation South Carolina Federation Women's Clubs, spoke to the nurses on "Your Bill—Our Interest." Mrs. Drake complimented the nurses upon the work they had done in their state, and urged them to continue their efforts toward the attainment of higher standards in nursing. Wil Lou Gray, State Supervisor of Adult Schools of Columbia, gave an interesting address on "Adult Education."

Thursday afternoon was given over to the business session, the election of officers, report of Secretary, reports of various committees, and the President's address.

At 8.30 p. m., the banquet was largely attended, and very much enjoyed.

Friday afternoon, the "Private Duty Section" and report from the "Educational Section" were presented.

An invitation from District 5 for the Association to meet next April in Spartanburg was accepted. Officers elected are: President, Mary C. McAlister; secretary, Mrs. George H. Hurst, Jr., both of Sumter.

South Dakota: The SOUTH DAKOTA STATE ASSOCIATION will hold its annual meeting in Huron, June 3–5.

Texas: The TEXAS GRADUATE NURSES' ASSOCIATION will hold its annual meeting at Amarillo, May 7–11. Headquarters will be at the Herring Hotel; the meetings will be held in the Polk Street Methodist Church.

Vermont: The annual conference of the VERMONT STATE NURSES' ASSOCIATION will be held in Barre, on Friday, May 17, in the Aldrich Public Library.

Virginia: The GRADUATE NURSES' ASSOCIATION OF VIRGINIA will hold its annual meeting at Staunton, May 23 and 24, at the Stonewall Jackson Hotel. Preceding the state meeting, an Institute will be held, May 21, 22, by the Education Section in Madison Hall, University, Charlottesville. The program follows:

May 21, 9 a. m., Registration; 10 a. m., Address of Welcome, Louise Oates; address, "Student Government," Dean Manahan; "Teaching Methods" demonstration and discussion, Adelaide Mayo. 2 p. m., "The Physical Needs of Student Nurses," Marian Rottman, Bellevue Hospital, New York; round table discussion.

May 22, 9 a. m., "The Rôle of the High School in the Preparation of the Prospective Student Nurse," William Royall Smithey; "Extra-curricular Activities in Schools of Nursing," Virginia Taylor Graham; open discussion. 2 p. m., "Adjusting the Student Nurse to Her Environment," Dr. Esther Loring Richards, Johns Hopkins Hospital; discussion.

Following the state meeting, an Institute for Public Health Nurses will be held in Staunton, May 25, conducted by Miss Corbin.

Washington: The annual meeting of the STATE ASSOCIATION will be held in Seattle, June 6–8, following the Institute at the University of Washington.

District and Alumnae News

Alabama: Birmingham.—The GRADUATE NURSES' ASSOCIATION, DISTRICT 1, held its regular monthly meeting at the Club House. Anice Jackson, President, opened the meeting with a short routine talk. Linna Dunny then took charge of the Red Cross program given in honor of Miss Jane A. Delano's birthday. The Senior class nurses from all the hospitals in the city were present. Judge Henry House, Chairman of local Red Cross Chapter, gave an interesting outline of the general activities of the Red Cross. Mrs. Elliot (Margaret Patterson) gave an intensely interesting talk on "What I Benefited as a Red Cross Nurse," telling of her experience in American and foreign countries, which delighted her audience very much. Mrs. H. E. McClung, President of Birmingham unit of American Legion Auxiliary, gave a splendid talk on the work of the auxiliary, and invited the overseas nurses to join them. Miss Morgan, Executive Secretary of Jefferson County Red Cross Chapter, told of splendid work of the family Red Cross service carried out with the help of the Public Health nurses and various problems to be met in this work.

The regular monthly meeting of St. Vincent's Hospital Alumnae Association was held, February 20, in the Nurses' Home, Miss Moultie presiding. Routine business was transacted; all committees reported progressive work, especially the Scholarship Fund. The Association donated a tea-cart to the Club House. Plans were discussed and suggestions offered for entertaining the delegates to the convention of the Southern Division of the A. N. A., October 28–30. Members were delighted to hear that Mary M. Roberts, Editor of the *Journal*, and Janet Geister, Director at National Headquarters, are to attend.

Georgia: Columbus.—The Fifth District held a regular meeting, April 5, Mrs. Isadore Hermann presiding. The resignation of the Secretary-Treasurer, Vada Hanna, was accepted with regret. Ann Williamson of Fort Benning was appointed to succeed her. There was an unusually large attendance at this meeting, which was pleasing. After the business session, Dr. Frank Schley gave a splendid talk on "Saving the Youngest." It was decided to send $12 to the fund for the Bordeaux School. **Milledgeville.**—The Third District Association held its regular bi-monthly meeting at Brantley Hall, State Sanitarium, April 6, Cheevie Moore, presiding.

Dr. Wheeler of the State Sanitarium gave some most interesting and instructive data on nutritional disease; symptoms, treatment and the results of an extensive study of Pellagra.

It was voted that the District quota for the Bordeaux Memorial be paid from the treasury. Ann Rogers was elected to succeed Bessie White as Treasurer of the District, Miss White having taken up institutional duty in another state. An executive meeting followed in which four new members were added.

Illinois: Chicago.—On May 1, the Headquarters of the First District Association of Graduate Nurses was moved to the fifteenth floor of the Lake View Building. This change was recommended after a scientific survey of First District activities had been made. Ella Best, President, in discussing the work of the District says, "The change is in no way significant of a decrease in District activities, but rather an evidence of an enlarged program."

The First District Association held its regular meeting on April 9. Mrs. F. M. S. Brandham was the speaker of the evening, giving a very interesting and comprehensive talk, her subject being "Current Events." Anna D. Wolf, Chairman of the Headquarters Committee, spoke of the need of moving from the beautiful quarters, the sixteenth floor of the Lakeview Building, to smaller quarters on the fifteenth floor, thus enlarging the club activities, both educational and social, and securing an executive secretary. There was a large attendance at this meeting, which was the last to be held in the present quarters. After May 1, the business offices and the lounge will be on the fifteenth floor of the Lakeview Building, and the dinner meetings and district meetings will be held at the Chicago Women's Club on Eleventh Street. The next meeting will be held there, May 14, under the leadership of the Public Health Section. **Springfield.**—The December meeting of the Thirteenth District was a supper meeting held at the First Presbyterian Church. The Senior classes of the two local hospitals were guests of the District and furnished the special music. Dora M. Cornelisen, Field Representative of the *American Journal of Nursing*, was a speaker of the evening. While the *Journal* is included in the dues of the Thirteenth District, Miss Cornelisen sent old and young home with the determination to read "our *Journal*" from cover to cover. The March meeting was an afternoon meeting on March 3, held at Our Savior's Hospital in Jacksonville. Mary F. Wallace gave a paper on what the Grading Committee is doing, and quoted generously from "Nurses, Patients and Pocketbooks." Mrs. Elsbeth H. Vaughan, Assistant National Director Nursing Service, Mid-Western Branch American Red Cross of St. Louis, gave the very interesting historical background of the American Red Cross Nursing Service, and presented the present need for enrollment. She used some lantern slides to illustrate the various phases of the work and emphasized the need for adequate information to the student nurse, not limiting her information to the one Jane Delano meeting. Mrs. W. E. Franz, of the Equitable Life Assurance Company of New York, talked on "Your Account with Success," showing interesting graphs on the need for some kind of organized saving. The May meeting will be held in Decatur.

Iowa: Des Moines.—Seventh District met at the Y. W. C. A. for its regular April meeting, which proved to be an April Fool party. A delegate was chosen to be sent to the Mid-West Division meeting in Detroit.

Louisiana: Alexandria.—On March 19, the Alexandria District opened its drive for

the Bordeaux Memorial Fund, with a notice in the *Daily Town Talk*. Three committees were organized—one to solicit from nurses, one from doctors and one from the public at large. The result was very gratifying.

Massachusetts: Lowell.—The annual meeting of St. John's Hospital Alumnae Association was held at the Nurses' Home, April 6. The following officers were elected: President, Mary E. Morris; vice president, Irene Reeves; corresponding secretary, Margaret Tully; recording secretary, Mary Douglas; treasurer, Rose Letteral; state councillor, Della Furey. A paper was read by Mary Donahue of Lawrence on "Industrial Nursing." The Association voted to contribute its quota to the Bordeaux Memorial Fund.

Missouri: St. Louis.—The Third District held its annual meeting, January 21, at Central Club. Election for the year followed: President, Mrs. Bertha O. Yesicek; vice presidents, Mrs. Mary Ring, Anna C. Robinson; financial secretary, Mabel Gray. Margaret McKinley was reappointed directress of the Central Directory, and her two assistants were also reappointed, Mabel Gray and Lillian Thompson. Janet M. Geister of A. N. A. Headquarters visited the city in March to make a survey of the Directory and the District. The Jewish Hospital Alumnae elected the following officers at their annual meeting: President, Hazel Campbell; vice president, Anna C. Robinson; secretary, Minnie Barkley; treasurer, Olga Wiegmann.

New York: Syracuse.—The regular meeting of District 4 was held on March 10, at Crouse Irving Hospital. There was a large attendance, and members were glad to welcome ten student nurses as guests. Mrs. Genevieve Clifford, President, New York State Nurses' Association, was the speaker, and a very interesting and instructive talk was given on the "State Calendar in Legislation and Education." Owing to illness, Miss Gurney, Executive Secretary, was unable to be present, as had been hoped. Utica.—On March 13, District 7 held a meeting in the Century Club at which an interesting address was given by Dr. Allen Craig of New York on "Hospital Community Strength," outlining plans for periodical health examinations for well persons. Dr. Thomas H. Farrell spoke in commendation of the spirit of unity which exists in Oneida County between the medical and the nursing professions.

North Carolina: Durham.—A regular meeting of District 5 was held on March 12, with twenty-five members present, Juanita Ross presiding. Plans to induce larger attendance at meetings were discussed. A letter from the State President, Miss Lanier, stated that North Carolina was the first state to exceed its quota for the Bordeaux Fund, and that District 5 was the first district to respond to her appeal; $25 was sent to the Grading Plan Committee. Current events of professional interest were given by six nurses. Greenville.—The Eastern District met on April 9. It was a rare treat to have Dr. Ernest Branch, Director of Oral Hygiene, State Board of Health, Raleigh, give a very interesting and instructive illustrated lecture on, "Development and Care of the Teeth."

Ohio: Toledo.—The regular monthly meeting of District 9 was held February 27 in the Mabel Morrison Home of Robinwood Hospital. The appointed chairmen for the various committees for the year were announced by the President, Mary E. Yager. Following the business meeting a social program was arranged by the Alumnae Association of Robinwood Hospital, and motion pictures of the alimentary tract stimulated by drugs, were shown by the Duhsell Laboratories.

Pennsylvania: Philadelphia.—The March meeting of the First District Association was held at the Children's Hospital, on March 21. Mrs. Eden, as Chairman of the Committee on Official Directory, presented a plan for such in Philadelphia. This plan was adopted by the members of the First District Association. The Committee also reported that Erma Holloway had been appointed as registrar, and rooms had been provided. Janet Geister gave a delightful, as well as instructive talk on the Official Directory, giving the members an idea of the many opportunities extended by such an organization. Pittsburgh.—The March meeting of the Sixth District was held at the Nurses' Club, March 21, Mary E. Walton presiding. Miss Smitton, Chairman of the Red Cross Committee, gave a report in regard to the number of District nurses who answered the call at Kinloch Mine disaster, and also of the supplies which were sent to the disaster from the Red Cross headquarters. A plan was made to the nurses of this district to enroll 100 per cent. A motion for the District to hold an annual dinner at which the retiring officers will be guests was accepted. The West Penn Hospital Nurses' Alumnae Association sent $127.76 to the Silver Jubilee Fund. C. Ruth Bower is chairman of this committee in District 6. The Mayview Alumnae Association won the prize for the largest increase in membership in this district.

A lively discussion followed the suggestion that the District take over the responsibility of the Nurses' Club. This proposition is to be thoroughly discussed by each Alumnae Association at its next meeting. Thirty-one hospitals were represented at this meeting.

Tennessee: Knoxville.—The KNOXVILLE REGISTERED NURSES' ASSOCIATION held its fourth annual student nurses' meeting, on April 11, at the Y. W. C. A., with thirty students present. Talks were given on "Why Graduate Nurses Should Belong to Their Associations," Rose Chapman; "Public Health Nurses and Their Work," Elsie Paisley. The students presented the social part of the program.

Virginia: Richmond.—The FIFTH DISTRICT ASSOCIATION members of the Local Red Cross and hospitals held a very inspiring memorial service at St. Paul's Episcopal Church, on March 17, in memory of Jane A. Delano, who did such notable work with the Red Cross during the World War. Special invitations were extended to the local physicians, members of the American Legion and the public. The sermon was preached by Rev. Beverly D. Tucker, Jr., D.D., who saw service overseas during the war as a chaplain. There was also a short address by Dr. Greer Baughman on the special work done by Base Hospital No. 45. Before the service there was an organ recital by F. Flaxington Harker, organist and choirmaster. The Processional and Recessional were led by the choir. There was a large attendance. A series of four demonstrations have been given by the Education Section of the Fifth District at Richmond, and have proven to be most interesting and beneficial to the private duty nurse. They were as follows: (1) "Discussion and Demonstration of Methods in Forcing Fluids and Preparation of Solutions and Equipment," by Lenna Vieter, Superintendent of Nurses at St. Elizabeth's Hospital, on October 10. (2) "Principles Underlying the Use of Low-Gravity Method," by Edith Squires, Instructor of Nurses of Stuart Circle Hospital, assisted by Dr. A. S. Brinkley, on November 28. (3) "Allergy: Its Diagnosis and Treatment," by Geraldine Mew, Instructor of Nurses, Medical College of Virginia, Hospital Division, assisted by Dr. J. B. Ballard and Dr. E. L. Sutton, who read a very interesting paper on "Allergy in Pediatrics," January 9. (4) "The Unger Method of Transfusion in a Patient's Room," demonstrated by Dr. T. B. Washington, at the Retreat for the Sick Hospital, on March 20. Preceding this, an interesting paper on "Discussion of Blood Transfusion" and a case report were read by Madeline V. Williams, Instructor at this institution. These meetings were largely attended, and are just the beginning of a fuller program which will be adopted by this section during the coming year.

West Virginia: Logan.—May Day celebration was held on April 20 and 21, when the county schools in cooperation with the Logan Health Unit held exercises in Holden Park, health plays and pantomimes being given.

Wisconsin: Madison.—The ninth annual conference on Maternity, Child Welfare and Public Health Nursing was held at the Loraine Hotel, March 19–21. The program included an address on "Positive Health" by Dr. W. J. Miller; demonstration of a postnatal call by Ellen Raether; demonstration of school-bag technic, Sigrid Jorgensen; demonstration of testing vision of pre-school children, Mrs. Jessie Ross Royer; discussion of the public health nurse from the points of view of a physician (George Crownhart), dentist (Dr. J. H. Mortell), social worker (Mrs. Sophia G. Rockwood), committee member (Mrs. E. H. Miles); address on "Present Status of the State Organization for Public Health Nursing," Cecilia Evans. Board members had a luncheon meeting and a round table.

Out of the Mail Bag

"I FIND so much help as well as entertainment in the *Journal* and when I say to a doctor, 'Well, I saw it in the *American Journal of Nursing*,' he generally says, 'Oh, all right, all right; no argument there, of course.' So I feel that this is one of the good things of life I do not want to miss. . . . Long life and prosperity and thousands of subscribers to you!"

"Even if I am coming to a place where there will be inspiration from fellow-workers, I dont want to miss my *Journal* any more than I did when it was often my sole co-worker, so to say."

Deaths

Agnes S. Brennan (class of 1892, Bellevue Hospital, New York), on March 12, at her home in Dublin, Ireland. Miss Brennan died peacefully in her sleep, at the age of eighty, after three weeks' illness. Miss Brennan was Superintendent of the Bellevue School of Nursing for twenty years, being the first graduate of the school to hold that position. After retiring from this position, she went home to Ireland, where she had lived ever since. The *Bellevue Alumnae Bulletin* says of her: "Many of our older nurses were trained under Miss Brennan, and with general accord, they consider it a privilege to have received their training under her careful supervision and guidance. If, at times, they thought her discipline too strict, later they came to see that she was very just, and always a true friend to her nurses, especially in sickness or sorrow, when she gave lavishly the wealth of her tender sympathy. Possessing the highest ideals and standards of nursing, Miss Brennan unceasingly tried to train her nurses up to her own high standards. While she taught the finest technic of nursing, she made it a secondary consideration, always placing the care and comfort of the patient first."

Rose Burkette (class of 1928, Memphis General Hospital, Memphis, Tenn.), in March, at McCrory, Ark.

Alda Mary Corner (class of 1928, Wyckoff Heights Hospital, Brooklyn, N. Y.), on February 28, after an illness of two weeks. Since her graduation, Miss Corner had been employed in the hospital where she was trained. Her sunny disposition endeared her to all who knew her, and her death was a great shock. Memorial services were held in the Nurses' Home on the evening of February 29. Burial was at Miss Corner's home, Quyon, Quebec, Canada.

Mary S. Gilmour (class of 1890, City Hospital School of Nursing, Blackwell's Island (now Welfare Island), New York), on March 18, at the home of her sister, in Chatham, Ontario, after a stroke of apoplexy and an illness of four weeks. Miss Gilmour was a graduate of Toronto University, and she taught for seven years before entering the City Hospital School of Nursing. After graduation she did private nursing for six years and was then called back to her Alma Mater to take charge of the Maternity Hospital. On the appointment of Diana C. Kimber to the head of the school, succeeding Miss Darche, Miss Gilmour was made Assistant Superintendent and, in 1903, on the resignation of Miss Kimber, she was made Superintendent. She served in this capacity for ten years, retiring in 1907, with health impaired, to spend the rest of her years at home, caring for her aged mother part of the time.

Miss Gilmour's talents as an organizer and a teacher were of a high order; she was one of the active members of the American Society of Superintendents of Nurses, and she prepared for New York State the first curriculum for use in its nursing schools. She was also a member of the Legislative Committee. One of Miss Gilmour's former students says of her: "Miss Gilmour was one of the finest women I have ever known, and she had a truly remarkable mind. I feel that I owe to her the fullest credit for any success which I have made of my own nursing career, as it was due to her faith in me and the spirit with which she inspired me that I was led to go into the executive nursing field."

Luella Hruska (class of 1925, Western Pennsylvania Hospital, Pittsburgh, Pa.), on March 19, in that hospital, of pneumonia, after an illness of one week.

Henrietta Norwood (student nurse, Kingston Hospital, Kingston, N. Y.), on March 10, in the hospital, after an illness of three months' duration. Miss Norwood celebrated her nineteenth birthday the week of her death. She was always patient and smiling during her suffering, and her passing brought sadness to the hearts of her classmates and to her host of friends.

Elizabeth Shainline (graduate of the Montgomery Hospital, Norristown, Pa.), on April 10, at Norristown. Miss Shainline was a member of the Alumnae Association.

Mrs. Lillian Bird Watson (graduate of the Montgomery Hospital, Norristown, Pa.), on March 27, at Norristown. Mrs. Watson was a member of the Alumnae Association.

About Books

Hospital Administration: a Career. By Michael Davis, Ph.D. Privately published by the author and distributed free of charge to those interested. Michael M. Davis, 925 South Homan Avenue, Chicago, Ill.

THIS recently published book has as a subtitle, "The Need of Trained Executives for a Billion Dollar Business, and How They May Be Trained." This study has been conducted under a special grant and the author, Dr. Davis, is especially qualified to write upon the subject because of his unusual interest in the hospital as a whole and his knowledge and understanding of one of the most important branches of many of our hospitals—that of the Out-Patient Department.

From the nurse's standpoint this book is a valuable contribution to our literature, and is upon a subject of particular interest to many of us. Little has been written in the past; and while the subject is frequently discussed, we have waited until the present time for constructive criticism.

Dr. Davis, we believe, has an appreciation of the nurse as hospital administrator, but has not shown a real understanding of her nursing and hospital knowledge as an unusual basis for preparation for this field of service. The factor of chance has entered the field of hospital administration much more frequently than it has in that of any other branch of hospital work. The nurse, without any intention or desire, has found herself with the responsibility thrust upon her when young and inexperienced. A course such as outlined in chapters six and seven would be of great value to the nurse who plans to continue in the field of hospital administration or to one who looks forward to preparing early for this work.

The first part of the text goes into the subject regarding the growth of hospitals, the need of training of the administrators, and the administrative function; and this should be of valuable service to guide the nurse aright in her choice in deciding on entering this or other fields of her profession.

Dr. Davis has given us an unusually interesting and instructive book, and has written with the great present need in mind.

Bena M. Henderson, R.N.
Milwaukee, Wis.

The Problem Child at Home. By Mary Buell Sayles. Published by the Commonwealth Fund. New York City. 1929. Price, $1.50.

NURSES will find much of interest in "The Problem Child at Home—a Study in Parent-Child Relationships." The author, in the preface, introduces the book:

> Those who work with the young patients of a child guidance clinic have a rare opportunity to gather family histories and observe relationships between parents and children. As a consequence, the records of these clinics are veritable mines of information on this most vital of topics. The present volume is the

result of an effort to draw from the experiences of fathers and mothers and children who come to the clinics helpful suggestions for other parents faced by similar problems.

The book is "based upon a study of some 200 records drawn from clinics conducted during a five-year period, under the Commonwealth Fund Program for the Prevention of Delinquency."

The author discusses in detail the many problems of parent-child relationship, taking up first the emotional satisfactions which parents and children seek in one another. In this the needs of the child are explained as needs for security, for freedom and opportunity for growth, for a concrete ideal as embodied in its parents towards which to grow, and for adult companionship at all stages of growth. The relationship is then discussed from the angle of the parent, showing how mistakes in either normal or abnormal parental love may affect the child.

Part II of the book is on the "mistaken ideas which influence parent-child relationships"—such ideas as those regarding child nature, sex development and sex practices, the child's obligations towards his parents, discipline, and heredity.

Part III deals with the narratives of histories of individual children which illustrate the points discussed in the earlier sections.

The whole is written very clearly and simply in a style that holds the reader's attention. Nurses will find the book of help, not only to themselves in clarifying problems met with in their work, but also of interest to many of the parents with whom they come in contact. Attention is also called to the other publications of the Commonwealth Fund relating to child guidance clinics and visiting teacher work:

The Child Guidance Clinic and the Community. (Free on request.)

Three Problem Children—Narratives from a Child Guidance Clinic. (Price, $1.)

The Problem Child in School—Narratives from Case Records of Visiting Teachers. By Mary B. Sayles and Howard W. Nudd. (Price, $1.)

The Visiting Teacher in Rochester—Mabel Brown Ellis. (75 cents.)

Directory of Psychiatric Clinics for Children. Second edition, 1928. (75 cents.)

KATHARINE FAVILLE.

New York City.

APPLIED BACTERIOLOGY FOR NURSES. By Jean Martin White, R.N. 200 pages. 44 illustrations. The Macmillan Company, New York. Price, $2.25.

DUE to the number of sciences taught by one instructor in the brief time allotted by many hospital training schools, simplified texts fill a very definite need. In presenting Applied Bacteriology for Nurses, Mrs. White has endeavored to provide a text which would aid the student in the work of selection and application of scientific material.

In teaching nurses, the author has been afforded an excellent opportunity to know the problems met in actual practice and to realise the need for direct correlation of the general principles of Bacteriology and nursing technic. These problems are dealt with in Chapter IX, Bacteriology and Nursing Technique; Chapter X, Bacteriology in the Surgery; and Chapter XII, Immunity, Applications.

The attempt at simplicity in style and presentation of subject matter, however, is carried to the extreme, sacrificing dignity of form and limiting scientific nomenclature and technical terms essential for the intelligent nurse. The value which might have been derived from Chapter V,

The Collecting of Pathological Specimens, is practically lost in subjecting the student to detailed reading of absurd and elementary comparisons, such as the collection of wild flowers, sea shells, and bacteria.

Careful explanation by a tactful instructor would be essential to clarify such ambiguous and inaccurate statements as the following: On page 39, the student is led to believe that "test tubes and petri dishes are usually prepared with the broth and agar in them and the whole sterilized at the same time." On page 75, the definition of virulence—"To do harm the bacteria should be virulent, or in every-day language, full of poison." On page 105, larvae of hookworm "enter through breaks in the skin," no mention of entrance through the unbroken skin. On page 126, definition of antitoxin—"means the clear part, or serum, of the blood of an animal which has been injected with the germs of the disease and which has manufactured in its blood the protective substances against such a disease."

The Suggested Laboratory Procedures which comprise the last eight pages of the text afford some good ideas for experiments that have direct application to nursing technic and could be carried out with a minimum amount of laboratory equipment. If these had been written out in the form of a laboratory manual it would have been found most helpful.

On the whole, the use of the book as a text is doubtful. For the older or well prepared student it is too elementary to be considered; and the material is too unorganized to serve the purpose of the younger student.

MARY C. EDGAR, M.S., R.N.
Bridgeport, Conn.

Books Received

THE MODERN HOSPITAL YEAR BOOK. Ninth edition, 1929. With special sections as follows: Building Materials, Mechanical Equipment and Accessories, General Furnishings, Clinical and Scientific Equipment and Supplies, Laundry Equipment and Supplies, Food Service Equipment and Supplies, Foods and Beverages, Professional Service. The Modern Hospital Publishing Co., Inc., Chicago, 1929. Price, $2.50.

PARTNERSHIPS, COMBINATIONS AND ANTAGONISMS IN DISEASE. By Edward C. B. Ibotson, M.D. 348 pages. Illustrated. F. A. Davis Company, Philadelphia. Price, $3.50.

THE MIDWIFE'S ANTE-NATAL CLINIC. By Leila Parnell. 74 pages. Faber and Gwyer, London. Price, 2/6.

A HANDBOOK FOR NURSES. By J. K. Watson, M.D. Eighth edition, revised. 989 pages. Illustrated. Faber and Gwyer, London. Price, 8/6.

The latest booklet on child hygiene is YOUR BABY'S CARE, written by Dr. Susan P. Souther of the Children's Bureau of the United States Department of Commerce. It is approved by the Medical Advisory Committee of the American Child Health Association and a Committee of the State and Provincial Health Authorities of North America.

This thirty-two-page booklet which gives detailed instruction for the care of the child's body and mind is attractively printed in legible type and well illustrated. An index increases its usefulness as a textbook for the mother of the young child, and a table of contents also adds to its completeness. Copies are offered free to health and social welfare organizations by the Life Conservation Service of the John Hancock Mutual Life Insurance Company of Boston, Mass.

Books You Will Enjoy

ISABEL ELY LORD

SOME one asked me the other day if W. S. Seabrook's *The Magic Island* (Harcourt, $3.75) could be recommended for an invalid. The answer is that it can if the invalid is one who likes an exciting mystery or adventure story, and is in a condition to read it. Much has been said about the book as the story of voodoo, but the tale of the lone American marine running an island is quite as fascinating, and there is much else that will interest every reader—not least the question of the color-line and our attitude toward it in Haiti. This is the kind of book that opens many vistas and may well lead to the reading of a goodly number of others.

To get a bird's-eye view of the history and development of Japan, and especially to understand the relations that exist and may exist between that marvellous country and our own, read James A. B. Scherer's *The Romance of Japan* (Doubleday, $3.50). It is published "for the Japan Society," which is sufficient guarantee that it is authoritative, and its style and arrangement make it interesting reading.

Romance, magic, the setting forth of a fine and highly intelligent personality—all these you will find in Harry Kellock's *Houdini: His Life Story* (Harcourt, $3.75). At least one reviewer, having started to read the first chapter or two, finished the book at one sitting. If only we were told how he did those wonderful tricks! Once in a while one is explained, but not the greatest, which Houdini (in private life Ehrich Weiss) kept secret because criminals might find them too useful in their fight against society.

Ernest Bramah's latest Kai Lung volume is the best yet—*Kai Lung Unrolls His Mat* (Doubleday). The tale between the stories is delightful, but the climaxes come when Kai Lung tells some story of ancient China with all the delicious roundabout phrases and polite paraphrases that we have learned to expect from him.

The Father, the novel for which Katherine Holland Brown received the $25,000 prize from the *Woman's Home Companion*, is a tale of the days before the Civil War, with Lincoln figuring largely in it. It is a pleasant story, with a good love-interest and hardships that are overcome. (John Day.)

Sheila Kaye-Smith's last story, *The Village Doctor* (Dutton) differs in some ways from her earlier work, but is excellent. It is the study of the reactions of a woman of peasant origin and a man of middle-class origin to the complications of love within and without marriage.

A thrilling tale of adventure is *The Land of the Golden Scarabs*, by Diomedes de Pereyra (Bobbs-Merrill). The remote Brasilian jungle is the scene, an American engineer the hero—and there is surely a sequel coming.

[*Note* that since $2.50 is the regular price for novels today, no price will be stated for them in this page hereafter.]

Official Directory

International Council of Nurses.—Sec., Christine Reimann, 14 Quai des Eaux Vives, Geneva, Switzerland.

The American Journal of Nursing Company.—Offices, 370 Seventh Ave., New York.—Pres., Bess M. Henderson, Milwaukee Children's Hospital, Milwaukee, Wis. Sec., Stella Goostray, Children's Hospital, Boston. Treas., Mary M. Riddle, care American Journal of Nursing, New York, N. Y. Elsie M. Lawler, Baltimore; Sally Johnson, Boston; Mrs. Elsbeth Vaughan, St. Louis; Elizabeth G. Fox, Washington, D. C.

Committee on the Grading of Nursing Schools.—Director, May Ayres Burgess, Ph.D., 370 Seventh Ave., New York.

The American Nurses' Association.—Headquarters, 370 Seventh Ave., New York. Pres. S. Lillian Clayton, Philadelphia General Hospital, Philadelphia, Pa. Sec., Susan C. Francis, Children's Hospital, Philadelphia, Pa. Treas., Jessie E. Catton, New England Hospital for Women and Children, Dimock St., Boston 19, Mass. Headquarters Dir., Janet M. Geister, 370 Seventh Ave., New York. Sections: Private Duty, Chairman, Anna C. Gladwin, 286 E. Voris St., Akron, O. Mental Hygiene, Chairman, Effie J. Taylor, New Haven Hospital, New Haven, Conn. Legislation, Chairman, Josephine E. Thurlow, Cambridge Hospital, Cambridge, Mass. Government Nursing Service, Chairman, Elinor D. Gregg, Bureau of Indian Affairs, Dept. of the Interior, Washington, D. C. Relief Fund Committee, Chairman, Carrie M. Hall, Peter Bent Brigham Hospital, Boston. Revision Committee, Chairman, Marie Louis, Muhlenberg Hospital, Plainfield, N. J.

The National League of Nursing Education.—Headquarters, 370 Seventh Ave., New York. Pres. Elizabeth C. Burgess, Teachers College, New York. Sec., Stella Goostray, Children's Hospital, Boston. Treas., Marian Rettman, Bellevue Hospital, New York. Ex. Sec., Nina D. Gage, 370 Seventh Ave., New York.

The National Organization for Public Health Nursing.—Pres., Mrs. Anne L. Hansen, 181 Franklin St., Buffalo, N. Y. Director, Katherine Tucker, 370 Seventh Ave., New York.

Isabel Hampton Robb Memorial Fund Committee.—Chairman, Elsie M. Lawler, Johns Hopkins Hospital, Baltimore, Md. Sec. Katherine DeWitt, 370 Seventh Ave., New York.

New England Division, American Nurses' Association.—Pres., Sally Johnson, Massachusetts General Hospital, Boston, Mass. Sec., Mary Alice McMahon, Boston State Hospital, Boston 24, Mass.

Middle Atlantic Division.—Pres., Jessie Turnbull, Elizabeth Steele Magee Hospital, Pittsburgh, Pa. Sec., Gertrude Bowling, Visiting Nurse Association, Washington, D. C.

Mid-West Division.—Pres., Mabel Dunlap, Moline, Ill. Sec., Mrs. Alma H. Scott, 610 Traction Terminal Bldg., Indianapolis, Ind.

Northwestern Division.—Pres., E. Augusta Arms, Deaconess Hospital, Great Falls, Mont. Sec., Flora Kerlee, State Hospital, Warm Springs, Mont.

Southern Division.—Pres., Jane Van De Vrede, 131 Forrest Ave., N. E., Atlanta, Ga. Sec., Bernardine Bryant, Selma, Ala.

Nursing Service, American Red Cross.—Director, Clara D. Noyes, American Red Cross, Washington, D. C.

Army Nurse Corps, U. S. A.—Superintendent, Major Julia C. Stimson, War Department, Washington, D. C.

Navy Nurse Corps, U. S. N.—Superintendent, J. Beatrice Bowman, Bureau of Medicine and Surgery, Department of the Navy, Washington, D. C.

U. S. Public Health Service Nurse Corps.—Superintendent, Lucy Minnigerode, Office of the Surgeon General, U. S. Public Health Service, Washington, D. C.

Nursing Service, U. S. Veterans' Bureau.—Superintendent, Mrs. Mary A. Hickey, Hospital Section, U. S. Veterans' Bureau, Washington, D. C.

Indian Bureau.—Supervisor of Nurses, Elinor D. Gregg, Office of the Medical Director, Bureau of Indian Affairs, Dept. of the Interior, Washington, D. C.

Department of Nursing Education, Teachers College, New York.—Director, Isabel M. Stewart, Teachers College, Columbia University.

State Associations of Nurses

Alabama.—Pres., Annie M. Beddow, Norwood Hospital, Birmingham. Sec., Linna H. Denny, 1220 N. 25th St., Birmingham. Pres. examining board, Helen MacLean, Norwood Hospital, Birmingham. Sec., Linna H. Denny, 1220 N. 25th St., Birmingham.

Arizona.—Pres., Mrs. Kathryn G. Hutchinson, Tombstone. Sec., Mrs. Mildred P. Fulkerson, 735 E. Moreland St., Phoenix. Pres. examining board, Helen V. Egan, 514 N. 2d. St., Phoenix. Sec.-treas., Catherine O. Beagin, Clifton.

Arkansas.—Pres., Ruth Riley, City Hosp., Fayetteville. Sec., Blanche Tennesewitch, 1004 W. 24th St., Pine Bluff. Pres. examining board, Walter G. Eberle, M. D., First National Bank Bldg., Fort Smith. Sec.-treas., Ruth Riley, Fayetteville.

California.—Pres., Anne A. Williamson, 2628 Primrose Ave., S. Pasadena. Sec., Ruth Wheelock, Community Hospital, Riverside. Director of headquarters, Anna C. Jammé, Room 502, 639 Sutter St., San Francisco. State League Pres., Mary M. Pickering, University of California, Berkeley. Sec., Helen F. Hanson, State Building, San Francisco. Director, Bureau of Registration of Nurses, Sarah G. White, P. O. Box 1159, Sacramento.

Colorado.—Pres., Ann Dickie Boyd, 414 14th St., Denver. Sec., Irene Murchison, State House, Denver. State League Pres., Mrs. Dorothy Conrad, 809 Central Savings Bank Bldg., Denver. Sec., Ruth Colestock, Colorado General Hospital, Denver. Pres. examining board, Loretto Mulherin, St. Joseph's Hospital, Denver. Sec., Irene Murchison, State House, Denver.

Connecticut.—Pres., Margaret Barrett, 463 Edgewood Ave., New Haven. Sec., Amber L. Forbush, 46 Durham Ave., Middletown. Ex. Sec. and State Headquarters, Margaret K. Stack, 175 Broad St., Hartford. Pres. examining board, Martha P. Wilkinson, Linden Apartment, Hartford. Sec., Mrs. Winifred A. Hart, 109 Reeton Ave., Bridgeport.

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District of Columbia.—Pres., Julia C. Stimson, War Department, Washington. Sec., Annabelle Peterson, 1237 K St., N. W., Washington. District League Pres., Mrs. Mary A. Hickey, Hospital Section, U. S. Veterans' Bureau, Washington. Sec., Bessie Smithson, Sibley Hospital, Washington. Pres. examining board, Bertha McAfee, 2611 Adams Mill Rd., N. W., Washington. Sec.-treas., Catherine E. Moran, 1237 K St., N. W., Washington.

Florida.—Pres., Mrs. Julia W. Kline, P. O. Box 2108, Fort Myers. Sec., Mrs. Bonnie Arrowsmith, 3014 San Nicholas St., Tampa. State League Pres., Anna L. Fetting, Morrell Meml. Hosp., Lakeland. Sec., Georgia H. Riley, Jackson Meml. Hosp., Miami. Pres. examining board, Anna L. Fetting, Morrell Memorial Hosp., Lakeland. Sec.-treas., Mrs. Louise B. Benham, Hawthorne.

Georgia.—Pres., Annie Bess Feebeck, Grady Hospital, Atlanta. Sec., Mrs. J. F. Hawthorne, 410 Arnold St., N. E., Atlanta. State League Pres., Mrs. Eva S. Tupman, Grady Hospital, Atlanta. Sec., Annie B. Feebeck, Grady Hospital, Atlanta. Pres. examining board, Margaret Dorn, 1117 Telfair St., Augusta. Sec.-treas., and Ex. Sec., State Assn., Jane Van De Vrede, 131 Forrest Ave., Apt. 18, Atlanta.

Idaho.—Pres., Helen Smith, St. Luke's Hospital, Boise. Sec., Maimie Watts, St. Luke's Hospital, Boise. Department of Law Enforcement, Bureau of Licenses, C. A. Lampkeman, Director, State Capitol, Boise.

Illinois.—Pres., May Kennedy, 6400 Irving Park Blvd., Chicago. Sec., Ella Best, 500 S. Honore St., Chicago. State League Pres., Evelyn Wood, 116 S. Michigan Blvd., Chicago. Sec., Mrs. Vera S. Brandt, Michael Reese Hosp., Chicago. Supt. of Registration, Addison M. Shelton, State Capitol, Springfield.

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Iowa.—Pres., Winifred Boston, 306 E. Salem Ave., Indianola. Sec. and Director Nursing Education, Maude E. Sutton, Div. of Nursing, State Dept. of Health, Des Moines. State League Pres., Mary Elder, Burlington Hosp., Burlington. Sec., Sr. Mary Thomas, Mercy Hospital, Des Moines. Pres examining board, Frances G. Hutchinson, 551 Franklin Ave., Council Bluffs. Sec., Marianne Zieky, 213 Masonic Temple, Marshalltown.

Kansas.—Pres., Sylva Trent, Bethany Hosp., Kansas City. Sec., Mrs. Elizabeth Dana, City Hall, Coffeyville. State League Pres., Mrs. Mary K. Davis, Asbury Hosp., Salina. Sec., Mabel Campbell, Christ's Hosp., Topeka. Pres. examining board, Ethel L. Hastings, Wesley Hospital, Wichita. Sec.-treas., Cora A. Miller, Newman Meml. Hosp., Emporia.

Kentucky.—Pres., Mrs. Myrtle Applegate, 2061 Sherwood Ave., Louisville. Cor. Sec., Mrs. Florence McClelland, Weisinger Caulbert Apts., Louisville. State League Pres., Flora E. Koss, Thierman Apt. C-4, 416 W. Breckenridge St., Louisville. Sec., Lillian E. Rees, Sts. Mary and Elizabeth Hospital, Louisville. Pres examining board, Jane A. Hambleton, 922 S. Sixth St., Louisville. Sec., Flora E. Koss, Thierman Apt. C-4, 416 W. Breckenridge St., Louisville.

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Shreveport. Pres. examining board, George S. Brown, M. D., 1112 Pere Marquette Bldg., New Orleans. Sec.-treas., Julie C. Tebo, 1005 Pere Marquette Bldg., New Orleans.

Maine.—Pres., Louise P. Hopkins, Room 9, City Hall, Bangor. Sec., I. C. Johansen, Farmington State Normal School, Farmington. Pres. examining board, Agnes Nelson, Maine General Hospital, Portland. Sec.-treas., Mrs. Theron R. Anderson, Box 328, Bangor.

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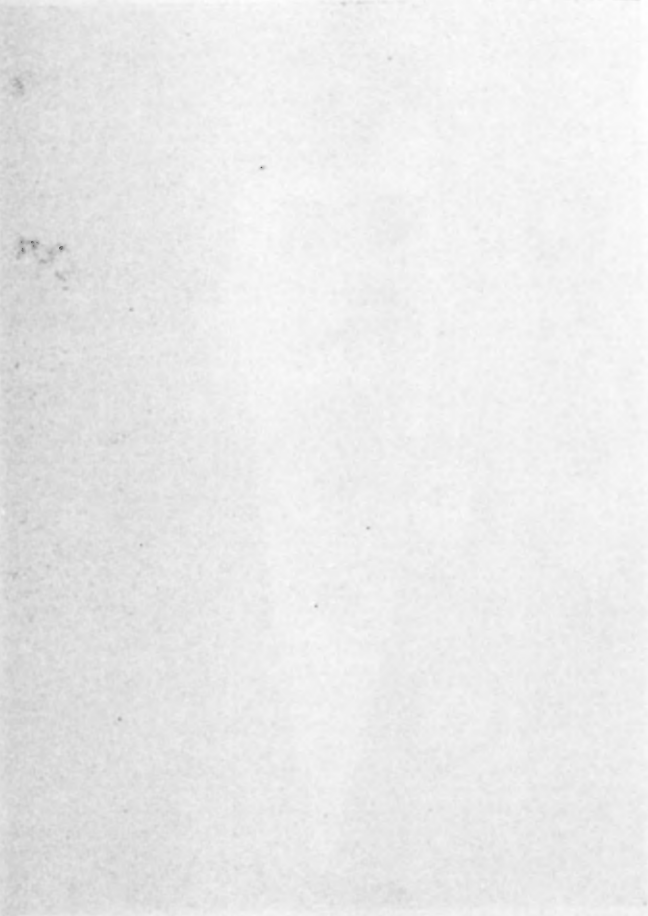
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